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**A GUIDE TO THE
DESIGN, DEVELOPMENT AND
IMPLEMENTATION OF AN
EPSDT SUBSYSTEM
OF THE MMIS**

March 1982

**Information
Resource
Center**

EPSDT 6.8

REPORTS

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Submitted to:
Pat Hotkowski, Project Officer
Child Health Staff, OSPE, BPO
Health Care Financing Administration
Department of Health and Human Services

A Guide to the
Design Development and Implementation
of an EPSDT Subsystem
of the MMIS

March 1982

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FOREWORD

This EPSDT subsystem implementation guide is the culmination of a several year study to develop a plan for states to implement an EPSDT system.

In the initial phases of this contract, the State of California's CHDP (Child Health and Disability Prevention) program was assessed and evaluated, and a system was eventually designed to meet the needs of the State for an integrated statewide case management system. The Executive Summary from the California CHDP Case Management System Feasibility Study is included as background information.

During subsequent phases of the contract, four states (Iowa, Missouri, Oklahoma, Virginia) with EPSDT subsystems were visited and their current EPSDT environment documented. The intent of this study was to provide background for the general design of a system which could be implemented in a number of states. A summary of that document is also included.

If more detailed information is desired on either of the aforementioned phases, please contact the HCFA Child Health Staff.

EXECUTIVE SUMMARY

OF THE

CALIFORNIA FEASIBILITY STUDY REPORT

for a Child Health and Disability
Prevention (CHDP) Program Case Management System

California Feasibility Report

EXECUTIVE SUMMARY

The State of California supervises, and the counties administer, a Child Health and Disability Prevention (CHDP) program which is responsible for the federally required Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program. The State Department of Health Services (DHS) and the Health Care Financing Administration (HCFA) entered into a Memorandum of Understanding to participate in a contract to design a Case Management System to meet federal guidelines and state requirements. This document is the Feasibility Study Report which was developed under this contract.

A. Purpose and Scope of Study

The purpose of the feasibility study was to design an EPSDT case management and data collection system and develop a plan for implementing that system. The system was designed to meet the requirements of the General System Design of the EPSDT module of the Medicaid Management Information System (MMIS). This report provides information about the alternatives which were considered, a conceptual design of the recommended system, alternatives for implementing the design, and a cost-benefit analysis of each implementation alternative.

B. Program Description

The CHDP Program is a community based child health program of health promotion, periodic health assessments and referral of identified problems for treatment. The program is administered and standards are set by the State Department of Health Services (DHS). It is operated by local CHDP programs located in county health departments. In addition to all Medi-Cal eligible persons under 21, children entering school each year, all Head Start and State Preschool children, and low birth weight infants are eligible for screening services. Since the program incorporates the federal EPSDT Program for Medi-Cal eligible persons under 21, these persons are also eligible for diagnosis and treatment services needed as a result of screening.

The local CHDP programs are required by state law to have a program plan, and to document the provisions of outreach, screening, referral and follow-up services. Providers of services are required to provide to the state a health record for each child served.

The reported findings on the number of individuals who are served at each stage of this process must be summarized by the State to meet federal EPSDT reporting requirements.

C. General Problem Statement

Case management is an essential part of the CHDP services in order to carry out the federal and state intent that all potential problems identified through the health assessments (screenings) will receive the benefit of diagnosis and treatment. Program management requires evidence that these services are being carried out.

These needs are reflected in the following program elements: tracking individuals through the notification, screening, diagnosis, and treatment service episodes; case worker follow-up when the service episode is not completed; gathering of statistical data from screening and diagnosis and treatment records; and development of required state management and federal reports.

These needs and requirements carry a potential cost in terms of non-compliance or added expense in order to meet full and timely compliance. The potential loss in federal funds to administer this program, the added expense of continued service delivery in an expanding program, and the lack of ability to provide health services to children in this program are the prime concerns of this study.

D. Program Growth

The CHDP Program regulations have been in effect since April, 1975. The Program has been in a rapid state of evolution since that time. The volume of Medi-Cal screenings has grown from 106,000 in FY 75/76 to 408,000 in FY 80/81. If the program continues to grow as expected by FY 1992/93, some 773,000 screens per year will be performed by the CHDP Program.

E. Problem Definition

Presently case management information is gathered partly by the local programs and partly by the State. Program management information is gathered from the counties and from many other sources (e.g., CSC Medi-Cal Claims, CDS Denti-Cal Claims, DHS processed Screening Claims) to produce federally required reports and other reports for state management purposes. Data gathered from these sources are fragmented, and, because of lack of automated interfaces, require much analyst time to prepare.

The current "system", which is decentralized and lacks integration has fostered many problems

- . Informing clients of CHDP Services and the related data collection processes are labor and paper intensive, requiring the manual transferring of data in many counties.
- . Periodic notification by local programs by manual processes is very time consuming, and of questionable value since a timely update of screening status is not available.
- . Treatment tracking by the state is not effective because of the lack of matching criteria on claims, and the lack of interfaces with some of the treatment claims payment systems. Tracking by local staff is labor intensive and difficult because of the mobility of recipients and the lack of access to information from providers.
- . Documentation for PHP cases is incomplete and cannot be readily captured.
- . Federal reports cannot be easily produced from existing data because of the diversity of systems containing the required information.
- . All state management reporting needs are not being met because necessary data is not readily available.
- . Compliance with federal system requirements for an integrated system for client tracking cannot be accomplished with the current system.

F. Program Needs and System Requirement

The CHDP program, in order to fully and efficiently meet its program management and health services responsibilities, needs an integrated case management system. The system must meet the GSD requirements which include:

1. Case Identification Capabilities (identifying individuals eligible for CHDP Services).
2. Case Tracking Capabilities (ability to follow all persons requesting services through the various aspects of that service).
3. Case Matching Capabilities (ability to link treatment claims with previous screening problems found during assessment).
4. Management Reporting Capabilities (capability to produce required reports in a timely, efficient fashion).
5. Special State Reporting Capabilities (ability to track and manage State funded children, 200%-ers, and the Head Start/State Preschool children).

G. Alternatives

This feasibility study has examined five alternatives that potentially could resolve the existing CHDP Program case management needs. Each alternative was evaluated with respect to the proposed GSD being developed for EPSDT by HCFA. These five alternatives are:

1. Improve existing systems without implementing a new CHDP case management system.

This alternative was rejected.

This alternative does not provide for an integrated system nor does it automate the case management procedures as defined in the GSD.

2. Implement a county-based case management system.

This alternative was rejected.

Alternative 2 does not provide for an integrated case management system nor does it fully meet the needs of all counties. Also the cost of multiple developments would be excessive.

3. Enhance SPAN to include CHDP case management.

This alternative was rejected.

Full support of CHDP by SPAN would be a major modification to the design, especially in the social service component. It was even questionable whether or not full case management functions would be provided to social services case managers. It was considered impossible to "stop the clock" and include CHDP, with an inevitable increase in SPAN development costs.

4. Enhance MEDS to support CHDP.

This alternative was rejected.

MEDS is in mid-implementation at this time; all modifications to support CHDP would be enhancements not originally planned for; development and phasing in of these considerable changes would probably not be possible until all counties are being supported by MEDS.

Updating the MEDS data base with claims file data from CSC, CDS, RHF, and CHIC was deemed impractical and undesirable. It would considerably expand and complicate the MEDS master file. It would be inconsistent with the purpose of MEDS (maintenance of eligibility data). Without treatment history data, the MEDS alternative could not meet MMIS-GSD requirements and might not qualify the state for FFP for development and operation of the enhancement to MEDS.

5. Integration of existing systems into a CHDP case management system.

This is the recommended alternative.

This system would piggy back upon MEDS and other existing systems.

MEDS is the best vehicle for capturing and transmitting eligibility data including initial informing data. It provides a network which could be tapped to transmit CHDP transactions without interfering with the eligibility file. MEDS functioning as a pass-through of data to a separate file seemed to be a valid compromise. This technical approach has been referred to either as a "satellite system" (CHDP case management master file as a satellite of MEDS), a subsystem of MEDS, or as a standard system fed by MEDS.

H. Recommended System Design

Section VII of the feasibility study presents alternative 5 in detail. The accompanying chart depicts the conceptual structure of the recommended alternative.

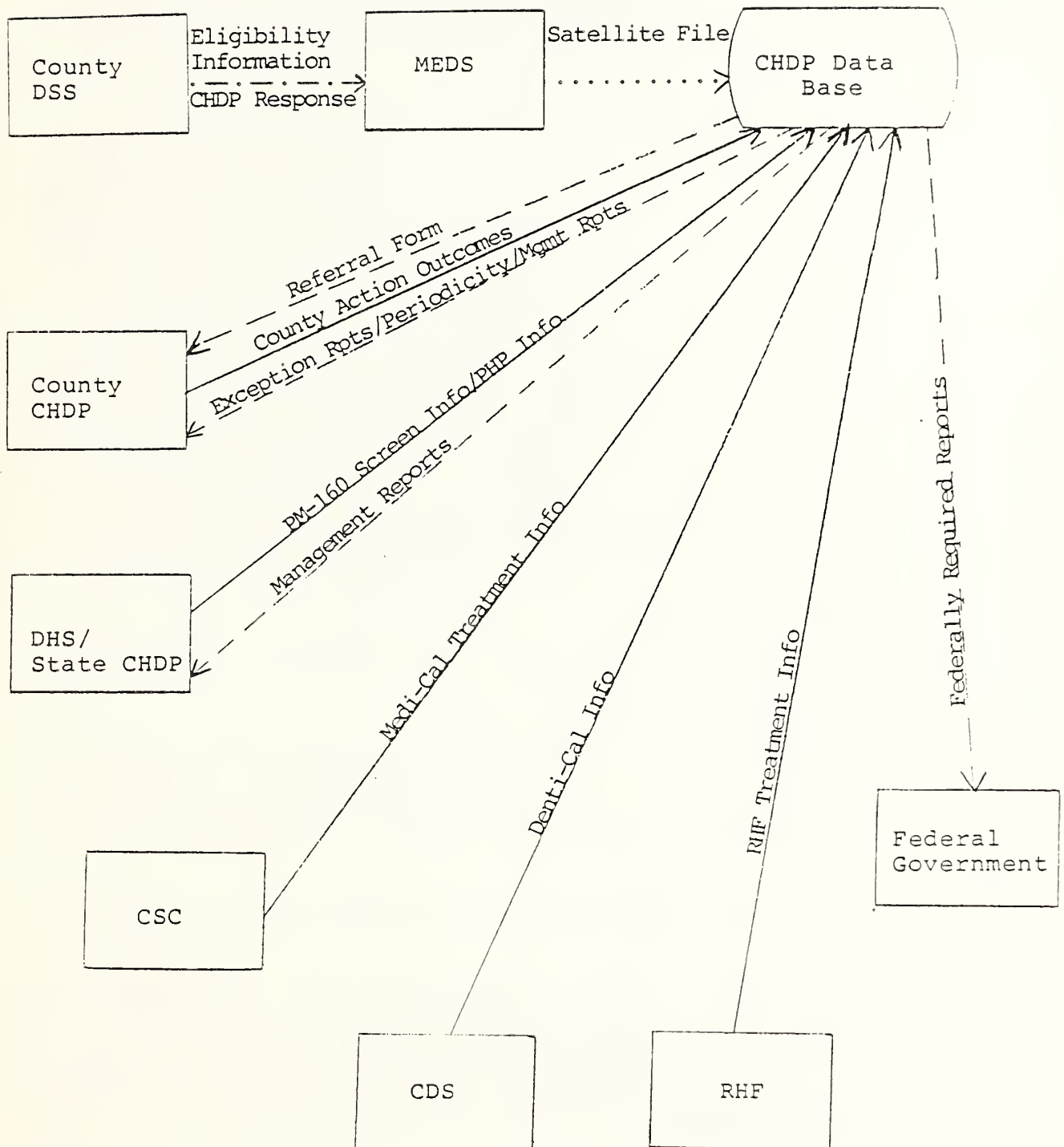
The recommended alternative has been designed to be implemented in five phases, with those features introducing the most savings being implemented first. The five phases are:

- Phase I: Create the data base from MEDS and generate the referral document
- Phase II: Update the data base with PM 160 screening information
- Phase III: Allow the counties to update the data base with county-initiated actions
- Phase IV: Update the data base with treatment-related information
- Phase V: Add CHDP eligibles (200%-ers) to the data base.

There are several enhancements to the Core which could be implemented, if desired.

- . Add an inquiry capability for large counties to access the data base
- . Add an inquiry capability for all counties to access the data base

CALIFORNIA CASE MANAGEMENT SYSTEM INTERFACES
("CORE" SYSTEM)



- . Add on-line updating capabilities for all counties after an inquiry capability has been added
- . Add on-line updating capabilities for all counties directly to the core, including inquiry capabilities at the same time.

I. Cost/Benefit Analysis

The cost/benefit analysis for a total in-house development and implementation of the recommended alternative showed total system life (seven years) costs of \$5,727,868 (\$4,567,897 federal and \$1,159,971 state) and total system life benefits of \$41,437,852. The cost/benefit ratio is 1:7.23. Total elapsed time for design, development and implementation is 45 months.

The benefits to the CHDP Program, in monetary terms, is the reduction in the cost of case management per health assessment. The other proposed benefit is based upon studies which have indicated that children with regular preventive health care require less immediate acute medical care and can generally be more productive and healthier in later life because potentially debilitating problems are identified early. The attached table depicts the C/B ratio that results from the enhancements.

J. Recommended Actions

Based on the detailed text in the study, the following recommendations are made:

1. Adopt the feasibility study
2. Implement the recommended alternative 5, integration of existing systems into a CHDP Case Management System (referred to as the "Core"), as conceptually described in Section VII.
3. Proceed with staged implementation of the "Core" as proposed in Section VII.
4. Implement with existing state staff. Consideration had been given to contracting for implementation, hiring new state staff, or utilizing existing staff. Because of fiscal constraints, utilizing existing staff is recommended. This will result in a longer development period than either of the other two considerations.

5. Through the new fiscal intermediary contract which will be negotiated for Medi-Cal, specifications for collecting and reporting CHDP screening and treatment data could reduce the cost of that part of the proposed system.
6. If enhancements are to be added, an inquiry capability should be added for all counties, and then an on-line updating capability could be added at a later date.

K. Consequence of Failure to Act

There are three primary consequences of failure to act:

1. Without the implementation of an MMIS module for EPSDT according to the GSD, the State of California will not receive 75% - 25% federal operating funding for the EPSDT Program. Without it, cost sharing will be at a 50 - 50 split. Also without this system, the state would lose the 90 - 10 DDI funds for any enhancements to the CHDP data system program.
2. A second consequence will be the program's inability to meet the growing demand for the program services. Without improving the program's efficiency, inflation and program growth will result in reduced services being available, unless the budget is increased in the future by an estimated \$2,000,000 annually in FY 1992/93.
3. The number of children on Medi-Cal screened and followed up to treatment would be reduced and the subsequent costs of acute medical care would remain high.

SUMMARY OF COSTS AND BENEFITS

	Costs	Benefits	Cost/Benefit
BASE	N/A	N/A	N/A
CORE	5,730,508	41,437,852	1:7.23
INQUIRY-1	628,791	787,147	1:1.25
INQUIRY-2	974,114	1,414,801	1:1.45
ON-LINE			
. ALT 1	10,283,953	1,480,070	1:0.14
. ALT 2	13,562,689	3,113,328	1:0.23

Summary of the
Assessment of EPSDT Automated
Case Management Systems in Four States

Four State Assessment

Summary

A. Purpose of Study

The Health Care Financing Administration (HCFA) is developing a prototype EPSDT tracking and reporting subsystem that may be interfaced with existing state Medicaid Management Information Systems (MMIS). The prototype of the EPSDT subsystem will streamline Early Periodic Screening, Diagnosis and Treatment program administration and reporting procedures and reduce overall costs. The systems that are being developed concurrently are:

- . A system specifically designed for the state of California
- . A generic system designed to be transferable to other states

The total project for designing these EPSDT systems involves the following activities:

- . An assessment of case management systems
- . An analysis of alternative methods for implementing the MMIS/EPSDT subsystem (alternatives included extent of local unit/central office interface with system; degree of automation vs. manual processes; interfaces with existing and proposed systems, etc.)
- . The preparation of a general system design (California and generic) and feasibility study (California only)
- . The development of system implementation plans

This report is the assessment of four states' case management systems. This analysis will generate the development of the generic system.

B. Site Selection

A meeting was held in early October, 1980, at HCFA, Office of Child Health, to discuss possible sites for the generic assessment. Attendees examined a total of 12 states for possible selection. The criteria used for the final selection considered whether or not the state had:

- . An automated EPSDT system that has been in operation for one year,
- . A patient population sufficient to warrant an automated system,
- . A willingness to participate in the study, and
- . A convenient geographical location (minimizing travel expense)

The three states that met all these criteria were Oklahoma, Iowa and Missouri. In April of 1981, a fourth state, Virginia, was added.

C. Data Collection Methodology

Data collection activities were conducted in an informal manner by the visit teams; instruments and questionnaires were not used. Information was obtained in group meetings, from one-on-one interviews, from audits of state records and files, and by observing actual system operations (including data entry and retrieval). Additional telephone interviews were conducted after the visits. A draft assessment document was prepared, and at that time it was determined that additional information was required.

Prior to the second round of on-site interviews, the EPSDT-GSD and the federal regulations were divided into major functional areas (e.g., identify eligibles, notify eligibles, match screen to treatment, etc.). Each state's available documentation was compared against these functions. Where grey areas or gaps existed, follow-up questions were noted. Follow-up site visits were then conducted.

D. State Summaries

1. Iowa

The Iowa EPSDT system has a Master File of all EPSDT eligible participants and maintains basic screening and treatment information for those individuals receiving services. Minimal inquiry capabilities exist.

The Recipient Eligibility system updates the EPSDT Master File with screening and treatment status data entered by the local or regional workers. The claims system updates the Master File with information on screen claims (whether abnormalities were found, and in which physical system). If there is a screen on file, potential treatment claims are added to the file for consideration as initiation of treatment for specific problems.

The EPSDT system generates reports which assist the local and regional staff in their case management efforts. Mailing lists and mailing labels are created for new eligibles, for annual reinforming, for periodicity, and to notify recipients that follow-up treatment should be obtained. Support service requests are documented in the case file. Actual case management is a manual process and the local worker must verify that treatment has been initiated for all abnormalities.

Several other reports which Iowa staff consider useful are:

- . Screening Priority List (New eligibles-accepting service, periodicity list and annual reinforming).
- . Quarterly Child Health Status Report
- . Screening Acceptance List (shows elapsed time from notification and have not received screening document - 30, 60, 90 and 120 days).
- . Recipients Screened - No follow-up required (no abnormalities flagged on screening document).

- . Recipient Tracking List (provides screening information - only for those recipients with abnormalities - and treatment claims from providers after entry of screening document, until maintenance worker identifies that treatment was initiated and/or completed).
- . EPSDT Statistical Summary (Screen, treatment services and population analysis).

The major drawback of the system is that users feel it requires more work than the benefits it provides. It is the opinion of the users that better training of users and providers would make the system more acceptable to all.

The Iowa system is run by System Development Corporation. No development or operational costs are available.

2. Missouri

The Missouri EPSDT system maintains a Master File of EPSDT eligibles. This file, which is updated by the MMIS Recipient Master File, maintains information on current activity. Limited information is available for on-line inquiry.

The MMIS Master File routinely updates the EPSDT master with new eligibles. For those individuals requesting scheduling and/or transportation assistance, a turnaround document is generated to the case worker to document provision of service. When the services have been provided, or are determined to be not required, the turnaround document is used to update the case status.

Medical and dental screen claims update the status on the EPSDT master to indicate the screen has been completed and to note any abnormalities requiring treatment. All medical screen claims must be accompanied by a medical screening form; dental and treatment claims must be accompanied by a support form. These support forms are used to update the EPSDT master. A turnaround document is generated for all individuals requiring treatment. When the caseworker manually confirms that treatment has been initiated or completed, the turnaround document is sent to central office to update the status on the EPSDT Master File.

Reports which the staff consider of the most value include:

- . Recipients Requesting Screening
- . Quarterly Child Health Status Report
- . List of Eligible Non-Participating Due for Annual Re-Informing
- . Aging Reports - Ninety days between notification of treatment needed and treatment. Thirty days between creation of turnaround documents and receipt of documents.
- . Quarterly Participation Statistics
- . Quarterly Abnormality Report
- . Quarterly Assistance Statistics by County
- . List of Approved Providers

User and provider acceptance of the system were noted as being of major concern. On-going training programs would alleviate these problems. The system does not maintain a separate history of screen and treatment related claims and users have identified the benefits of more detailed information available on inquiry. On-line update of the Master File would provide more timely information.

The Missouri EPSDT system was operated by Electronic Data Systems - Federal (EDSF) until recently. The system was developed at a cost of \$496,000. Monthly operating costs averaged \$10,000 to \$13,000.

3. Oklahoma

The Oklahoma EPSDT system is part of the total service delivery system. The file structure is the most unique and vital characteristic of the system. The file structure has three levels: a family record which contains data for the whole case; individual household member data; and service data particular to an individual. The system has on-line entry, update and inquiry capabilities.

When an application is entered in the system, a turn-around document is generated to the social worker. During the application process, the acceptance or rejection of EPSDT services (and scheduling and/or transportation assistance) are documented.

Once eligibility is established, a service record is entered on-line from the local office. All services, except scheduling and transportation assistance (which are manually maintained and monitored) are recorded. Mailing address lists are generated for all EPSDT eligible cases. For those requesting EPSDT services, follow-up notices are generated until the status changes. When the central office receives a screen document, a copy is forwarded to the local office to enter in the service record. If an abnormality is noted, a treatment required service line is created. The social worker tracks the treatment process and updates the treatment line until all treatment has been initiated, or the client loses eligibility, etc. There is no automated match of treatment claims to detected abnormalities; the local worker must manually follow up to verify that all treatment has been initiated.

Reports which staff consider to be most useful include:

- . List of recipients requesting screening
- . Supervisor report (Services past due, recipient due for rescreening, etc.)
- . Monthly activity report (Social worker report of recipient activity for that month, on-going, etc.)
- . Aging list (Screening only)
- . Case Response Status Report (on request)
- . Recipient Participation Summary (Population analysis)
- . Provider List

State and local staff also recommend that additional reports be generated.

- . Screening Initiation Report (to identify that face-to-face notification has taken place. This would be generated from entry of certification information).
- . County Report (Listing EPSDT activity for the month)
- . Completed Screen List (County list of recipients that had completed screen documents submitted to the central office during the month).

Generally, the major area of concern has been the acceptance of the system by providers and users; however on-going training sessions are alleviating this problem. The State also recommends heavy user involvement in the design of the system to facilitate acceptance and understanding of the system. The system should also be flexible enough to accommodate change in State and Federal regulations.

The State of Oklahoma designed and developed the EPSDT system as a part of the total service delivery system. It has been continually updated to meet changing needs. There are no specific development and implementation costs available. The State experiences run costs of approximately \$5000 to \$5500 monthly.

4. Virginia

The Virginia EPSDT system maintains a separate EPSDT Master File of eligible recipients and associated data for screening and treatment claims. This system is a batch system with no on-line inquiry or update capabilities.

The EPSDT Master is updated by periodic passes of the Medicaid Eligibility File to add new recipients and to update existing demographic information.

After being informed of EPSDT services during the intake process, a document is prepared for all cases requesting scheduling and/or transportation assistance. This document is forwarded to the central office where the information is entered onto the EPSDT Master. A copy of the document is retained at the local office for follow-up activities. There is no documentation of the acceptance or rejection of EPSDT services; services are assumed accepted when a screen document is received.

Paid screening and treatment claims update the current status on the EPSDT Master. All claims for a recipient are added to the file as potential treatment.

All claim transaction control numbers are recorded so the original document(s) can be retrieved to verify that treatment for specific problems has been initiated.

The Virginia system is still in the implementation phase, so not all reports are operational. However, reports which the staff perceive as being most beneficial include:

- . New Eligible Recipients With No Informing Document Indicated.
- . Missed Screening (Recipients that missed screening appointments).
- . Missed Treatment (Recipients that missed treatment appointments).
- . Monthly Status (A statistical report that provides informing effectiveness and analysis of services).
- . Periodic Notification
- . On-Going Eligibility (List of recipients when screening document has not been received).
- . Quarterly Child Health Status.
- . Quarterly List of Providers.

- . Statistical Report by Local Jurisdiction (mainly screenings performed).

An area of concern to the State has been the acceptance of the system by users and providers; it is anticipated that more training can resolve this problem. Users feel the system would be more beneficial if it had on-line entry and inquiry capabilities. At the present time it is difficult to evaluate the benefits of the system as compared to the work to maintain it; more operational performance is required.

The Virginia EPSDT system is currently operated by The Computer Company. It was developed by a combination of State and contractor staff for approximately \$250,000. No monthly operational costs are available.

I. GENERAL SYSTEM DESIGN

A. SUBSYSTEM INTRODUCTION

Although the EPSDT program is funded through Title XIX (Medicaid), EPSDT activities are functionally quite different from other Medicaid activities. The traditional Medicaid program is primarily concerned with financing the care and treatment of acute and episodic health problems and is passive from the standpoint that the program is "uninvolved" until a claim is presented for reimbursement. In contrast, the EPSDT program involves the concepts of proactive, comprehensive, and preventive health care (including dental services) and seeks to be responsible for assuring the child's health through an active program of client outreach, case eligibility identification, case management, support services and case matching.

Personnel at both state and local levels have found it difficult to effectively administer this program. The variety of organizations involved, the complicated tracking needed to determine the status of an individual client within the program, and the variety of record keeping systems that have evolved all contribute to the difficulty of administering this program.

As a consequence of its unique program objectives, the EPSDT program presents a special set of functional requirements that do not exist in other parts of the Medicaid program. A state's EPSDT program is required to identify and inform eligible clients and to solicit their participation in the program on a periodic and continuing basis. Then EPSDT medical, developmental, and dental examinations reveal the need for treatment. The program provides that such treatment be initiated. A state's EPSDT program should have comprehensive recipient case management and record keeping systems and specialized reporting and documentation in order to meet program objectives.

Many EPSDT program functions cannot be supported through existing state Medicaid systems, including the present Medicaid Management Information System (MMIS). For this reason, the EPSDT subsystem has been designed with the explicit purpose of meeting the unique functional requirements found only within the EPSDT subsystem. The design of the EPSDT subsystem has been specifically structured to be compatible with and to complement the design of the MMIS. (The design functions described in this document could be completely integrated in a state's MMIS system under appropriate circumstances.) The design described herein is essentially the MMIS GSD for the EPSDT subsystem, with minor modifications.

The EPSDT subsystem interfaces to a varying degree with other subsystems. The major interface areas are:

1. Recipient Subsystem - The Medicaid Eligibility Master File maintained by this subsystem is used by the EPSDT subsystem to identify recipients and to determine eligibility for EPSDT services.
2. Provider Subsystem - The Provider Master File is used to identify eligible providers and to obtain provider name and address information.
3. Claims Processing Subsystem - The claims processing subsystem provides claims payment data for case management, case matching and for reports.

It should be noted that changes in EPSDT regulations may necessitate modifications to the GSD. The latest regulations and system guidelines should be evaluated before undertaking the installation of an EPSDT subsystem.

B. EPSDT SUBSYSTEM OVERVIEW

1. Objectives

This subsystem is designed to facilitate the operation and administration of EPSDT services from point of initial identification of eligible recipients through the tracking of support services provided, screenings received and treatment initiated. It provides for the collection and retrieval of the information needed to support both operation and management functions within this program.

The EPSDT subsystem of the MMIS has been designed to meet EPSDT program requirements. The subsystem implemented by each state must also comply with state regulations and requirements.

The EPSDT subsystem General System Design (GSD) has been developed to accomplish the following:

- a. Provide design flexibility to meet changes in state and federal requirements;
- b. Establish and maintain identification of all individuals eligible for EPSDT services;
- c. Establish automated procedures to support the following outreach and case management functions:
 - (1) Inform newly eligible families and those families who have regained eligibility after a period of ineligibility about availability and scope of EPSDT services;
 - (2) Inform nonparticipating families on an annual basis about EPSDT services, and;
 - (3) Notify and offer support services to participating families due for rescreening based on the state's periodicity schedule;
- d. Document services provided and actions taken or to be taken to support program management and to meet the EPSDT Federal Reporting Requirements; and

- e. Provide the ability to produce reports to support local entities in their efforts to ensure that services are being offered and received in a timely manner.

2. General Description

The EPSDT subsystem is an integrated set of computerized and manual processing steps which encompasses four major functional areas:

- a. Case Identification
- b. Case Management
- c. Case Matching, and
- d. Reporting

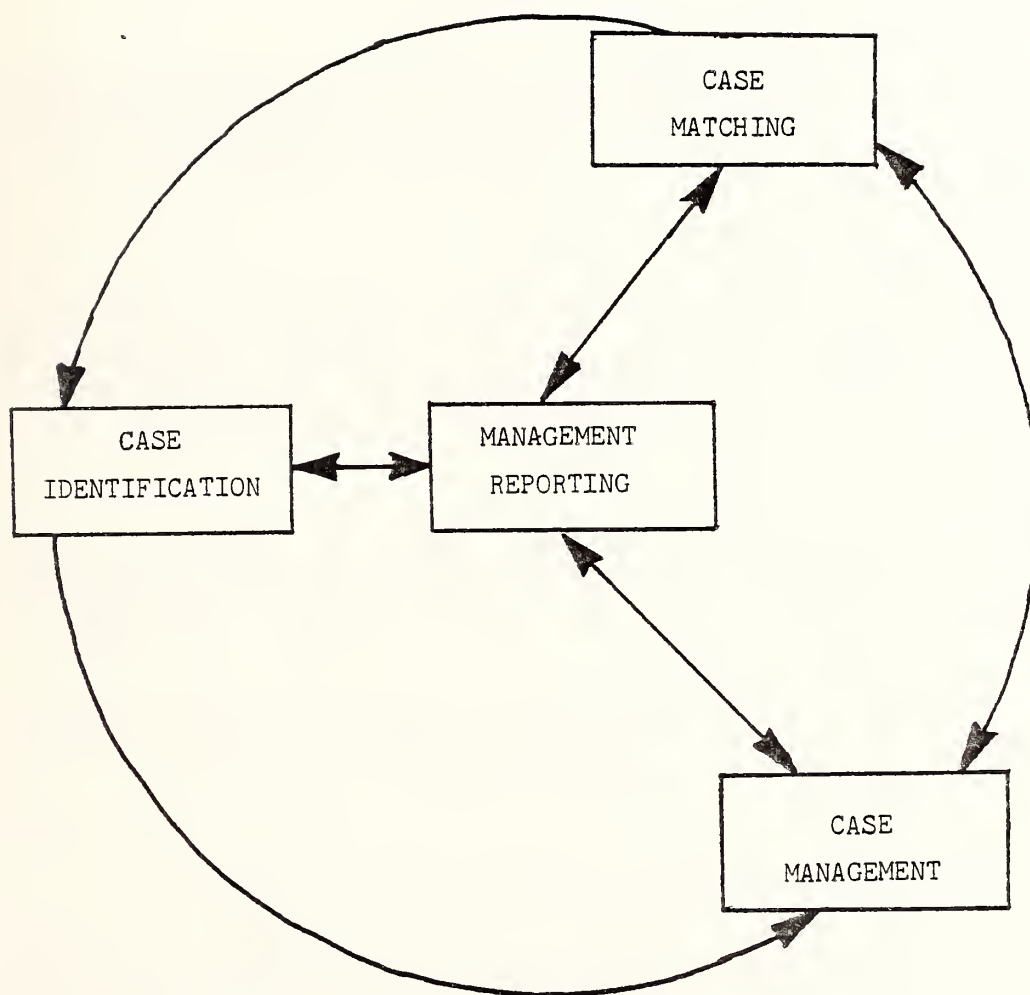
The periodic aspect of the EPSDT program causes the normal interaction of these functions to occur as shown in Figure 1. Usually the entry of a newly eligible recipient requesting EPSDT services within the case identification module initiates a cycle. The cycle continues with case management and case matching activities to ensure informing, support services, screening and appropriate treatment are provided. The cycle is completed when the required services have been completed and the case reverts back to the case identification function which will reactivate the cycle in accordance with the state's periodicity schedule for EPSDT. During the entire time period over which the cycle takes place, the reporting function is continually interacting with the information collected during the other processes to provide reports to support the operation and management of the EPSDT program.

Although there can be considerable variance as to how a state chooses to accomplish the provision of the services provided within the EPSDT program, the functions themselves remain common to all state EPSDT programs. Consequently, the GSD of the subsystem has been approached through development of the following four modules:

- a. Case Identification Module
- b. Case Management Module

FIGURE 1

EPSDT FUNCTIONAL AREAS



c. Case Matching Module

d. Reporting Module

These modules essentially function as a single integrated unit with the objective of supporting all EPSDT operational functions.

3. Information Flow

Figure 2 provides an overview of the information flow within the EPSDT subsystem. Figure 3 provides a system flow of the EPSDT subsystem.

The purpose of each module is summarized below:

a. Case Identification Module

The Case Identification Module will utilize the Recipient Subsystem Eligibility File to maintain EPSDT eligible recipients and associated demographic data on the EPSDT Data Base.

b. Case Management Module

This module tracks all recipients requesting screening and/or support services. Scheduling and transportation activities, follow-ups to screening and treatment, and case status determination are all functions of this module.

c. Case Matching Module

This module matches identified referable conditions to treatment claims to establish that treatment has been initiated and/or completed.

d. Reporting Module

County, State and Federal administrative, management and evaluative reports are produced in this module.

While the modules perform basically independent functions, the normal system flow will be:

a. Identify an EPSDT eligible recipient and create a corresponding record on the EPSDT Data Base. This will be done by the Case Identification Module.

FIGURE 2

EPSDT INFORMATION FLOW DIAGRAM

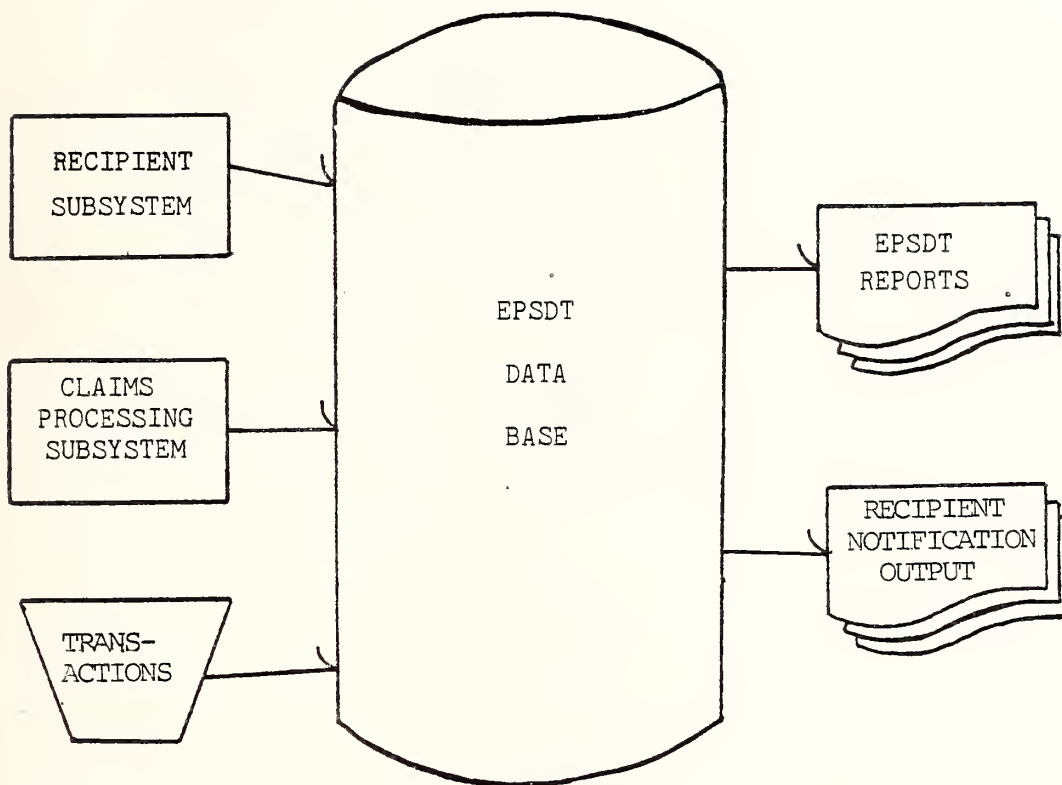
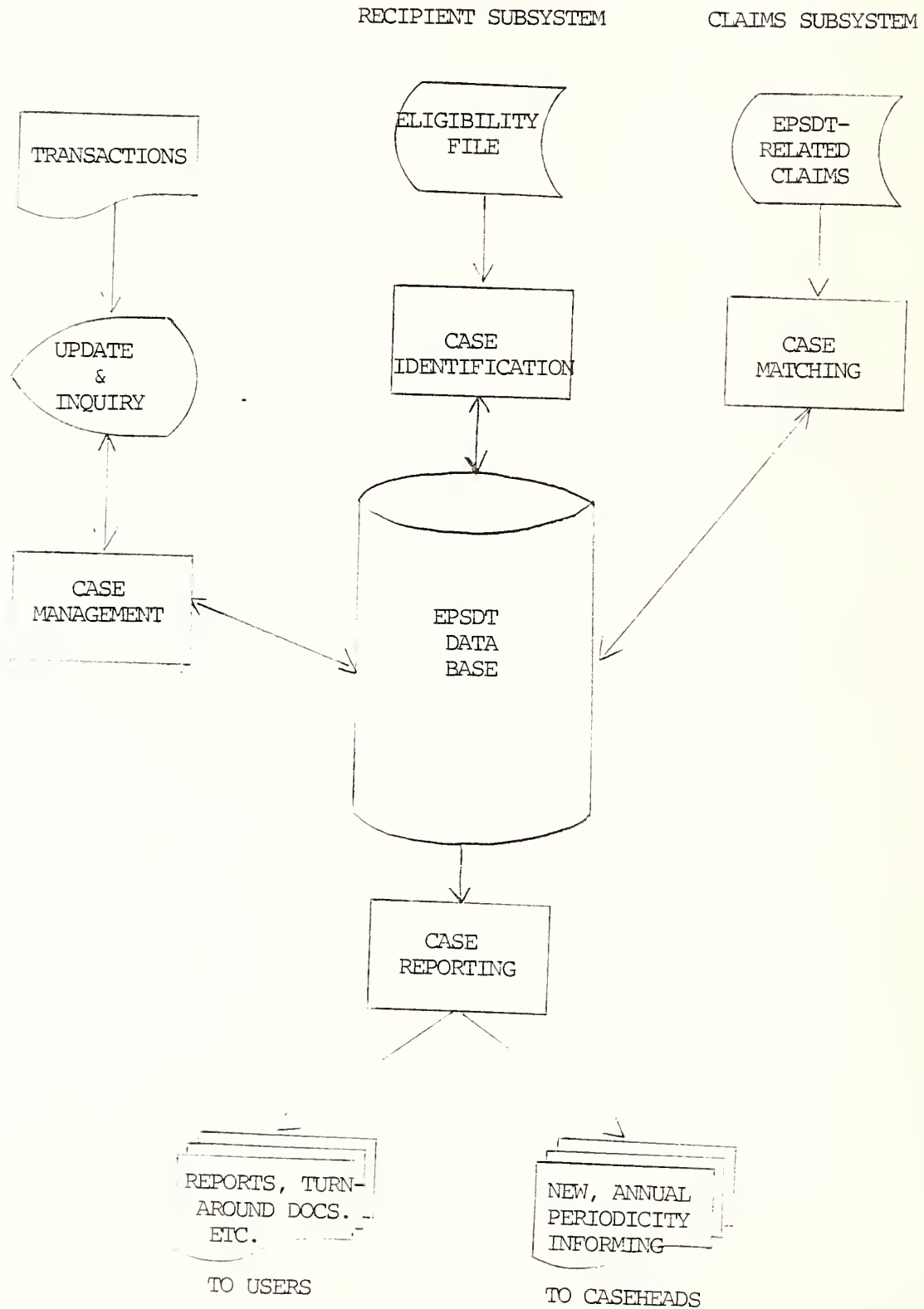


FIGURE 3

EPSDT SUBSYSTEM DIAGRAM



- b. Create a turnaround document for use by local personnel. This document is used as a referral form and as a case management tool to follow-up on screening and treatment activities and the provision of scheduling and/or transportation services when requested. This is a Reporting Module function.
- c. Document the results of the screening into the Data Base. The source of the results will be the screening forms. The Case Management Module will perform the updating.
- d. Report back to the local unit the status of the case following screening. This allows the case worker to provide scheduling and transportation assistance as required for diagnosis and/or treatment follow-up. This reporting activity is performed by the Reporting Module.
- e. Process claims for treatment service from the Claims Processing Subsystem. This activity requires that the recipient of the services be accurately matched to the EPSDT Data Base. For those clients on the Data Base, the matching process will verify the validity of the treatment to the identified referable condition. The Case Matching Module will be responsible for this function.
- f. Information about an individual case will be combined with others on various summary and/or exception reports by the Reporting Module.

C. ADDITIONAL DESIGN ELEMENTS

1. Constraints, Assumptions, and Considerations

The major consideration in developing the EPSDT subsystem is the need to have accurate and timely information to manage and operate the EPSDT program and to provide effective and efficient services to the EPSDT recipient. The EPSDT subsystem has been designed, recognizing the following constraints, assumptions, and considerations:

- a. The GSD is designed around the characteristics of an on-line system. Due to resource restrictions this may not be feasible in an individual state. The same functions can be performed in a batch mode.
- b. Recipients eligible for EPSDT services can be identified from the Medicaid Management Master File, maintained by the MMIS recipient subsystem;
- c. Providers of EPSDT service will submit claims timely;
- d. The MMIS claims processing subsystem maintains data that can be used in the EPSDT subsystem to identify EPSDT services;
- e. Some categories of EPSDT eligible recipients may not be effectively processed within the automated EPSDT subsystem because of periodicity schedules.

FOR EXAMPLE:

"Newborns"--Time frames for required screenings may be too short for the MMIS claims processing subsystem to process bills and to notify the EPSDT subsystem in sufficient time to perform notification and support services as required. These recipients and others which may be identified locally may best be handled manually, as specified by State program policy;

f. The EPSDT subsystem will be able to link EPSDT screens and screening referrals to claims for those requested services. The process of linking Medicaid claims to identified screening conditions is completed for this automated subsystem when the initial treatment claim for the respective condition is received. The series of steps required to perform this process is listed below:

- (1) The claims processing subsystem will provide the EPSDT subsystem with EPSDT screen and treatment claim data;
- (2) The matching of the Medicaid claim data to the EPSDT recipient data base will be done in order to establish the status of scheduled and required services; and
- (3) The reporting of exceptions of unmatched EPSDT claims that require follow-up activity will be provided by the component with EPSDT case management responsibility.
- (4) The case worker responsible for the individual recipient receiving treatment will provide the information to update the EPSDT Master File when treatment has been initiated and/or completed on all identified referable conditions. In states where providers do not identify EPSDT screening related treatments and/or where referable conditions cannot be easily linked to treatment claims, several more manually-intensive alternatives for case matching are:
 - (a) The EPSDT subsystem can take all potential treatment claims (i.e., claims received after the screening date) and print them out, along with the screen information, for manual review by the case worker to determine if treatment has been initiated. Contact with the client may be required for verification.

To limit the volume of claims, other criteria besides service date can be utilized (e.g., diagnosis or procedure codes, no pharmacy claims, etc.).

- (b) The EPSDT subsystem can by-pass an automated match of any kind and require the case worker responsible for the individual recipients to follow up with the client to determine the initiation of treatment for all conditions identified during the screen.
- g. Each state will use its own State-designed, uniquely identifiable EPSDT screening claim form to identify claims for EPSDT screens and to assure identification of EPSDT screening services. Additional data elements may be added to the Medicaid Master Eligibility Record to identify EPSDT recipients and to record their decision on the offer of EPSDT service and assistance. (If the latter is not possible, it could be added to the Case Management process, to be input on the turnaround document.)

2. Controls and Audit Trails

To ensure adequate control of information processed within the EPSDT subsystem, the following controls and/or trails should be established.

a. Computer System Controls are as follows:

- (1) Transactions against the EPSDT recipient data base are matched against recipient ID number (however, consideration should be given to the fact that claims may have the wrong ID number);
- (2) All data items are edited for completeness prior to update of the recipient data base;
- (3) An audit trail of changes to individual recipients on the data base will be maintained;
- (4) Control totals and processing dates will be maintained in each data base to ensure accurate accounting of all records processed;
- (5) All data bases will be labeled and checked by the computer to ensure correct data base processing; and

(6) A count of manual transaction activity will be produced.

- b. Program Performance Controls are part of the mandatory reporting requirements as described in the Reporting Module.

D. PROCESSING FLOW

1. Introduction

The EPSDT subsystem consists of four functional modules which, when integrated, will provide the automatic case management and reporting facilities required for meeting the Federal EPSDT program requirements.

These modules and their basic functions are:

- a. Case Identification--This module establishes and maintains the EPSDT recipient data base for the system utilizing the Medicaid Eligibility Master File as input. Data (including response to informing) are entered into the system for families (and individual recipients) who are deemed eligible for EPSDT. A basic recipient "turnaround document" used for recording subsequent services offered and/or provided to recipients is produced by the system. A report of EPSDT new cases and those needing reinforming may be provided to the local case worker.
- b. Case Management--This module maintains data on EPSDT-related services requested, needed, and provided. The module documents the offer of scheduling and transportation services and the recipient's response to the offer of support services. Data for reports indicating recipients who have not been screened and/or treated within the specified time periods are maintained.
- c. Case Matching--This module updates the recipient data base by matching screening, dental, and treatment claims found in the Medicaid Claims Processing Transaction File (produced in the claims processing subsystem) to those eligibles who were due for services. This module's output includes an updated EPSDT recipient data base. A list of EPSDT cases requiring further follow-up may be produced.
- d. Reporting Module--This module provides for the following types of information:
 - (1) State and county case management and performance reports,

- (2) Information to complete Federal reporting requirements,
- (3) Documentation for Federal regulations,
- (4) Minimum reporting as described in the Reporting Module, and
- (5) Recommended/optional reports as described in the Reporting Module.

2. Module Descriptions

The EPSDT subsystem is comprised of the modules defined previously. The remainder of this section provides a brief description of each module's major functions, required input(s), and some of the produced output(s).

a. Case Identification Module

The Case Identification Module supports and/or performs the following functions:

- (1) Establish an EPSDT recipient data base which contains a record for each EPSDT recipient identified in the Recipient subsystem;
- (2) Inform and periodically reinform all EPSDT eligible recipients of the availability of EPSDT services and benefits;
- (3) Identify recipient eligibility certification date from the Medicaid Eligibility Master File;
- (4) Offer eligible EPSDT recipients support services and provide for those services when requested; and
- (5) Develop a list of EPSDT recipients for referral to a dentist.

The Case Identification Module's inputs are as follows:

- (1) Data from the Medicaid Eligibility Master File, and

- (2) Supplementary input from recipient responses, possibly using the turnaround document.

The Case Identification Module's outputs include the following:

- (1) EPSDT recipient data base--The recipient data base contains all data pertinent to the status of the recipient for EPSDT reporting and program performance purposes.
- (2) Recipient turnaround document--This document is prepared to support subsequent case management and documentation of services. Although the use of a turnaround document is optional, a document or the data must be readily available.
- (3) List(s) of EPSDT recipients--The list(s) of EPSDT recipients who fall into the following categories include:
 - (a) newly eligible families who need to be informed (according to the Federal regulations) about their EPSDT services and benefits,
 - (b) eligible nonparticipating families due for annual reinforming,
 - (c) participating EPSDT recipients due for rescreening or dental referrals according to the State's periodicity schedule, and
 - (d) EPSDT recipients requesting support services.

b. Case Management Module

The Case Management Module supports and/or performs the following functions:

- (1) Track each recipient who has requested screening and/or support services. Recipients will be tracked from the time the request for services is received until treatment for all referred conditions, if any, is initiated and/or the initial dental encounter is accomplished.

- (2) Maintain results and dates of each screening, referral, initial treatment, and dental referral in the recipient data base;
- (3) Update the EPSDT recipient data base with supplementary data from recipient responses and case actions taken (e.g., recipient turnaround document); and
- (4) Select the following categories of recipients for further follow-up activities:
 - (a) Recipients requesting EPSDT screening without an indication that all screening services were performed,
 - (b) Recipients requesting direct referral to dentist without an indication that this service was performed, and
 - (c) Recipients referred for treatment without an indication that treatment was initiated for each referred condition.

The Case Management Module's inputs include the following:

- (1) EPSDT recipient data base, and
- (2) Supplementary data from contacts with recipients and/or providers (e.g., recipient turnaround document).

The Case Management Module's outputs are as follows:

- (1) Updated EPSDT recipient data base; and
- (2) Action required list(s) of all recipients due for EPSDT services. The list(s) should indicate the number of days remaining in the period (State-defined) for providing EPSDT services. The following categories of recipients should be included on the list(s):
 - (a) Recipients for whom no screen (when scheduled) and/or only a partial screen was performed,

- (b) Recipients due for an encounter with a dentist for whom no appropriate dental claim has been received, and
- (c) Recipients due for treatment initiation for whom there is no corresponding matched treatment claim for all identified conditions.

The following lists could be used to facilitate inputting supplementary recipient data for turnaround purposes:

- (1) Action required list, and
- (2) Recipient turnaround document.

c. Case Matching Module

The Case Matching Module supports and/or performs the following functions:

- (1) Process an extract of the Claims Processing Transaction File, containing claims for only EPSDT recipients;
- (2) Match EPSDT-related claims to a record on the EPSDT recipient data base, realizing that more than one claim record can be matched to an EPSDT recipient record;
- (3) Update the appropriate data fields in the recipient data base for each match that occurs; and
- (4) Produce list(s) of unmatched claims to local office for resolution.

The Case Matching Module uses the following inputs:

- (1) Extracted claims for EPSDT eligibles from the Claims Processing subsystem which will furnish data on screening, dental, and treatment services provided to EPSDT eligibles, and
- (2) Recipient turnaround document for supplementary data.

The Case Management Module's outputs are as follows:

- (1) Updated EPSDT recipient data base; and
- (2) Lists of unmatched EPSDT screening/treatment claims for resolution by the case worker.

d. Reporting Module

The Reporting Module supports and/or performs the following functions:

- (1) Report, periodically, recipient status for use in case management;
- (2) Report, periodically, on performance in meeting EPSDT requirements for program effectiveness and cost analysis;
- (3) Generate reports specified by Federal Reporting Requirements;
- (4) Produce lists required for documentation requirements; and
- (5) Report, periodically, on provider information.

The Reporting Module uses the following inputs:

- (1) EPSDT recipient data base as established and maintained by the Case Identification, Case Management, and Case Matching Modules; and
- (2) Provider File.

The Reporting Module's output reports fall into the following categories:

(1) Minimum Reporting Requirements

State management reports include:

- (a) Case Response Status Report--This report will summarize data on the effectiveness of recipient informing and will show totals, percentages, and trends in numbers eligible and in numbers accepting/requesting EPSDT services. (Refer to the Appendix F3 for sample format.)

- (b) Case Status Report--This report will summarize data on EPSDT services due and received and will show totals, percentages, program costs, and trends in provision of support services, screening, dental referral, and initiation of treatment. This report will display data on performance in meeting Federal Regulations requirements. (Refer to the Appendix F3 for sample format.)
- (c) Recipient Participation Summary--These reports are used to determine the populace who are newly eligible and due for screens according to the State periodicity and are used to assist in planning staffing levels for informing and follow-up activities. (Refer to the Appendix F3 for sample format.)

Federal reports include:

- (a) Reports required for documentation
- (b) Quarterly Child Health Status report.

(2) Recommended/Optional Reports

Recommended/optional reports include the following:

- (a) Treatment Follow-up Summaries--These reports provide information to guide the degree of recipient followup necessary in the referral/treatment area and to evaluate the follow-up results. These reports supply information needed to plan and monitor workloads for treatment follow-up activities. (Refer to Appendix F3 for sample format.)
- (b) Local Provider Resource and Utilization Summaries--These reports will show the distribution of providers, by type and number; will be helpful in evaluating the adequacy of provider resources for the area; and can present a summary of the number and type of problems treated by each provider. (Refer to Appendix F3 for sample formats.)

- (c) Support Service Analysis and Cost Summaries--These reports can be used to evaluate the degree of support assistance being requested and provided for and the cost of delivering such assistance. (Refer to Appendix F3 for sample format.)
- (d) Recipient Treatment Report--These reports provide screening information and associated treatment claims to assist the case worker in determining if treatment has been initiated and/or completed (similar in content to a recipient claim detail report).
- (e) Monthly Activity/Aging Report--These reports identify activity due in the current month, or past due, and are provided to the case worker to assist in the scheduling of activities for the month. (Reports contain data on individuals due for screening, treatment, incomplete screening, past due screening, etc.)
- (f) Mailing lists of case heads--These mailing lists would be used to provide for periodicity informing, annual reinforming, notification of treatment needed, etc.).

E. DATA BASE DESCRIPTION

1. FILES

Suggested files for the data base include an EPSDT Status File and an EPSDT History File.

a. Status File

The EPSDT Status File is a separate file established from the Recipient Eligibility Subsystem and maintained through transactions which update that system. It should be a direct access master file of EPSDT eligibles and contain information on eligibility, client demographic data, client responses and the current status of each case within the EPSDT service process. This file can be available for on-line inquiry and update if the state chooses this approach.

This file should contain data on the current case status and have multiple occurrences of screening and treatment data occurring for the most recent 15 months. This will allow for enough information for management reporting on a year's activity.

b. EPSDT History File

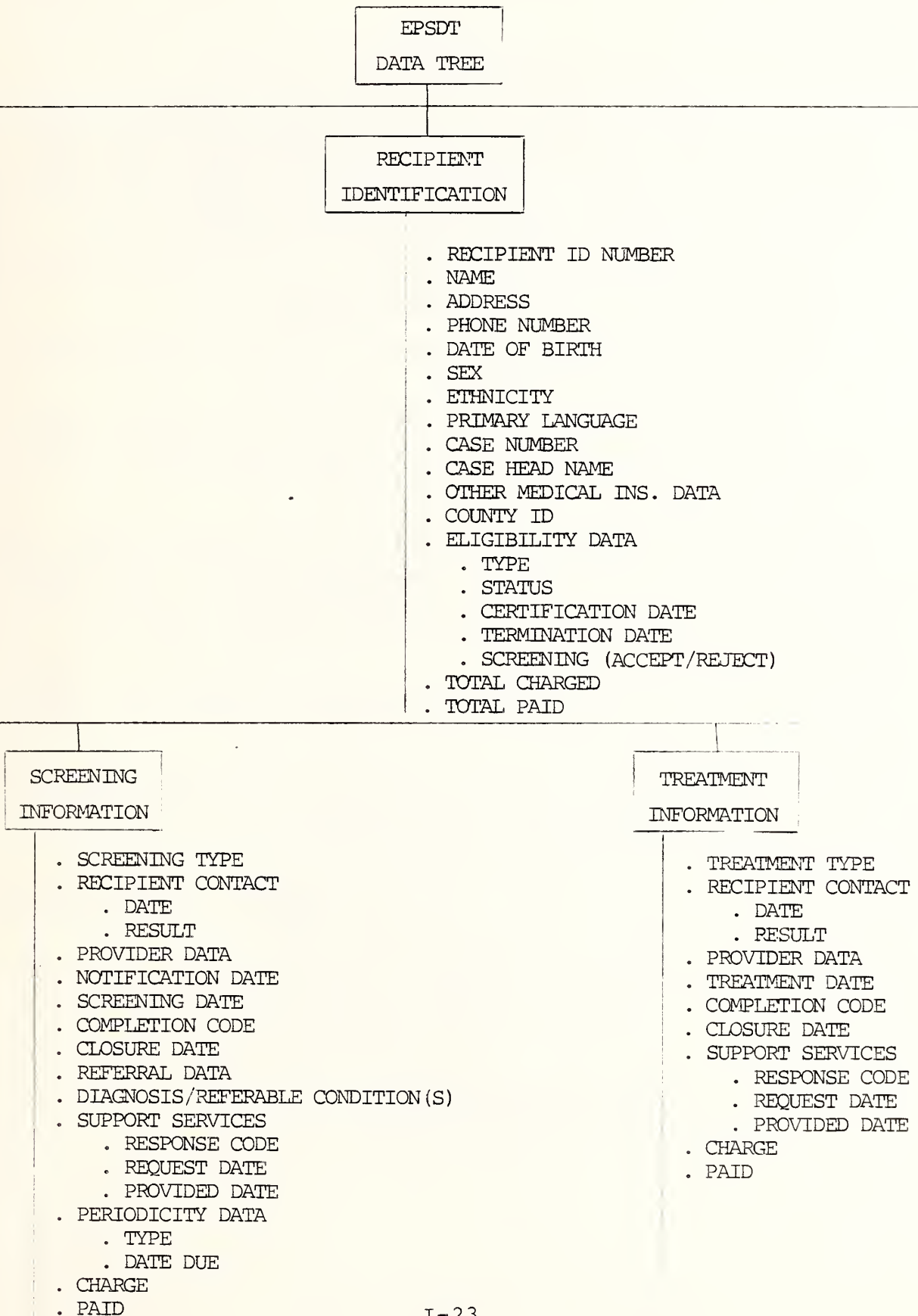
The EPSDT History File will maintain screening and treatment data derived from the claims processing subsystem. The History File will maintain screening and treatment data for four years per eligible recipient, up to a maximum of fifteen medical screens and associated treatments and eight dental screens. (These numbers can vary according to a state's periodicity schedule or storage limitations.)

2. DATA TREE

The EPSDT Data Tree (Figure 4) provides a pictorial description of the type of data that would be included in the EPSDT recipient data base. (Specific data elements to be included by any state will be dependent upon their own approach.)

There are three parts to the Data Tree:

Figure 4



a. Recipient Identification

The information contained in this portion of the Data Tree identifies the eligible recipient and other pertinent data related to the individual recipient. This information is used by the case worker and the EPSDT subsystem to determine status and other data for reporting purposes.

Most of the information will be maintained by the Case Identification Module.

Considerations in regard to some of the specific data elements are:

- (1) Recipient ID number should be the same number as on the Medicaid Eligibility File to provide for a match between the two files.
- (2) Primary Language is used to determine if mailing or actual face-to-face contact is required for communication of EPSDT services, and to plan for appropriate staff members to communicate with the recipient.
- (3) Case Head name is used for mailing of computer generated notices regarding EPSDT services.
- (4) Other Medical Insurance data is used to identify those cases that have other medical coverage, as well as to identify recipients enrolled in HMO's or PHP's.
- (5) County ID is used to identify transfer of a recipient from one jurisdiction to another and for reporting purposes.
- (6) Case ID number is used to associate individuals to their appropriate case or family unit for reporting purposes.
- (7) Eligibility Data is used by the system for reporting purposes.

b. Screening Information

The information contained in this portion of the Data Tree identifies each screening that has been performed on the individual recipient. The information will be maintained on-line from information provided by the local case worker in the case management module and by the receipt of screening claims by the case matching process.

Considerations in regard to some of the specific data elements are:

- (1) Screening Type identifies whether the screening refers to medical or dental screen.
- (2) Recipient Contact identifies the result of a contact in regards to acceptance/rejection of screening services.
- (3) Notification Date identifies when the case head was notified of the EPSDT services (required if different from certification date). This is used for exception and aging reports.
- (4) Completion Code and Date are used to identify when screening is completed and under what conditions (i.e., completed screening, case head decides not to continue, etc.).
- (5) Diagnosis/Referable Conditions identifies all physical systems included on the screening document that were noted as being abnormal, thus requiring diagnosis and/or treatment.
- (6) Support Services identifies the status of scheduling and/or transportation assistance requested by the case head.

c. Treatment Information

The information contained in this portion of the Data Tree identifies each treatment claim that has been processed by the claim matching module and is associated with an active screening record.

Considerations in regard to some of the specific data elements are:

- (1) Treatment Type is a code used to associate the claim with a range of diagnosis codes and/or referable conditions provided on the screening record.
- (2) Recipient contact will provide status of follow-up with case head on the treatment recommended during screening.
- (3) Support Services identifies the status of scheduling and/or transportation assistance requested by the case head.

F. APPENDIX

1. IMPACT ON OTHER MMIS SYSTEMS

1. Impact on Other MMIS Subsystems

In order for the EPSDT subsystem to function efficiently and effectively, modification will need to be made to other MMIS subsystems.

- a. The Recipient Subsystem--Expand the recipient records to provide for an EPSDT eligibility indicator and record the recipient's decision to participate in the EPSDT program.
- b. The Claims Processing Subsystem--Indicator(s) will be developed which will identify EPSDT data for the EPSDT data base. (Put an indicator in the data elements to indicate if the claim is for an EPSDT service and provide data to the EPSDT subsystem.)

2. DATA ELEMENT DESCRIPTIONS

MODEL EPSDT MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

D A T A B A S E D E S C R I P T I O N

DATA BASE NAME	DATA BASE NO.
EPSDT RECIPIENT DATA BASE	EP-F-01
SUBSYSTEM NAME	DATE
EPSDT	

ELEMENT NUMBER	DATA ELEMENT NAME	MINIMAL	RECOMMENDED
800	RECIPIENT NAME	X	
801	RECIPIENT IDENTIFICATION NUMBER	X	
802	DATE OF INITIAL INFORMING	X	
803	RESPONSE CODE TO OFFER EPSDT SERVICES	X	
804	DATE REQUESTED/REFUSED SCREENING SERVICES	X	
805	RESPONSE CODE TO OFFER OF TRANSPORTATION/SCHEDULING ASSISTANCE FOR SCREENING	X	
806	DATE REQUESTED/REFUSED TRANSPORTATION/SCHEDULING ASSISTANCE FOR SCREENING	X	
807	RESPONSE CODE TO OFFER OF TRANSPORTATION/SCHEDULING ASSISTANCE FOR DIRECT REFERRAL TO DENTIST	X	
808	DATE REQUESTED/REFUSED DENTAL REFERRAL	X	
809	DATE DUE FOR RESCREENING UNDER PERIODICITY SCHEDULE		X
810	DATE DUE FOR DENTAL REFERRAL UNDER PERIODICITY SCHEDULE		X
811	OUTCOME CODE - DENTAL	X	
812	BEGINNING DATE OF SERVICE/CLOSURE - DENTAL	X	
813	SCREENING OUTCOME CODE(S)	X	
814	SCREENING/CLOSURE DATE	X	
815	REFERRAL/FOLLOWUP CODE	X	
816	IDENTIFIED CONDITIONS		X
817	DIAGNOSIS/TREATMENT CLOSURE CODE		X
818	DATE OF DIAGNOSIS/TREATMENT		X
819	CONDITION MATCH CODE		X
820	RESPONSE TO OFFER OF TRANSPORTATION/SCHEDULING ASSISTANCE FOR DX/RX	X	
821	DATE REQUESTED/REFUSED TRANSPORTATION/SCHEDULING ASSISTANCE FOR DX/RX	X	

MODEL EPSDT MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

D A T A E L E M E N T D E F I N I T I O N

DATA ELEMENT NAME

DATA ELEMENT NO.

RECIPIENT NAME

800

DEFINITION

THE NAME OF THE PERSON ELIGIBLE FOR EPSDT SERVICES.

REMARKS

SINCE INITIAL INFORMING (SEE DATA ELEMENT 803) MAY BE DONE BEFORE THE RECIPIENT IS AUTHORIZED ELIGIBLE FOR MEDICAL ASSISTANCE/ BENEFITS (SEE DATA ELEMENT 109 - RECIPIENT AID CATEGORY), "RECIPIENT" CAN MEAN APPLICANT.

CODE EXPLANATION

CODE

MEANING

MODEL EPSDT MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

D A T A E L E M E N T D E F I N I T I O N

DATA ELEMENT NAME

DATA ELEMENT NO.

RECIPIENT IDENTIFICATION NUMBER

801

DEFINITION

THE NUMBER USED TO UNIQUELY IDENTIFY A SPECIFIC RECIPIENT IN THE
MEDICAID SYSTEM.

REMARKS

CODE EXPLANATION

CODE

MEANING

MODEL EPSDT MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

D A T A E L E M E N T D E F I N I T I O N

DATA ELEMENT NAME		DATA ELEMENT NO.
DATE(S) OF INITIAL INFORMING		802
<p>DEFINITION</p> <p>THE DATE REPORTED WHICH DOCUMENTS THAT THE RECIPIENT OR THE RESPONSIBLE PERSON RECEIVED INFORMATION ABOUT THE EPSDT PROGRAM IN WRITING AND THROUGH FACE-TO-FACE CONTACT.</p>		
<p>REMARKS</p>		
CODE EXPLANATION		
CODE	MEANING	

MODEL EPSDT MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

D A T A E L E M E N T D E F I N I T I O N

DATA ELEMENT NAME

DATA ELEMENT NO.

RESPONSE CODE(S) TO OFFER EPSDT SERVICES

803

DEFINITION

A CODE WHICH INDICATES THE RECIPIENT'S OR RESPONSIBLE PERSON'S
RESPONSE TO INFORMING REGARDING THE EPSDT PROGRAM.

REMARKS

THE CODES LISTED BELOW ARE SUGGESTED AND MAY BE EXPANDED.

CODE EXPLANATION

CODE

MEANING

- | | |
|---|---|
| 0 | - YES, RECIPIENT WANTS SCREENING SERVICES - MEDICAL ONLY |
| 1 | - YES, RECIPIENT WANTS SCREENING SERVICES - DENTAL ONLY |
| 2 | - YES, RECIPIENT WANTS SCREENING SERVICES - MEDICAL AND
DENTAL |
| 3 | - NO, RESPONSE/CASE CLOSED |

MODEL EPSDT MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

D A T A E L E M E N T D E F I N I T I O N

DATA ELEMENT NAME

DATA ELEMENT NO.

DATE(S) REQUESTED/REFUSED SCREENING SERVICES

804

DEFINITION

THE MONTH, DAY, AND YEAR ON WHICH THE RECIPIENT OR RESPONSIBLE
PERSON REQUESTS OR REFUSES SCREENING SERVICES.

REMARKS

CODE EXPLANATION

CODE

MEANING

MODEL EPSDT MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

D A T A E L E M E N T D E F I N I T I O N

DATA ELEMENT NAME

DATA ELEMENT NO.

RESPONSE CODE TO OFFER OF TRANSPORTATION/
SCHEDULING ASSISTANCE FOR SCREENING .

305

DEFINITION

A CODE WHICH INDICATES THE RECIPIENT'S OR RESPONSIBLE PERSON'S
RESPONSE TO OFFER OF TRANSPORTATION/SCHEDULING ASSISTANCE FOR
SCREENING APPOINTMENT.

REMARKS

THE CODES BELOW ARE SUGGESTED AND MAY BE EXPANDED.

CODE EXPLANATION

CODE

MEANING

Y	- YES, RECIPIENT NEEDS TRANSPORTATION SERVICES
N	- NO, RECIPIENT DOES NOT NEED TRANSPORTATION SERVICES
A	- SCHEDULING ASSISTANCE REQUESTED ONCE
B	- SCHEDULING ASSISTANCE REQUESTED TWICE
C	- TRANSPORTATION AND ONE SCHEDULING ASSISTANCE REQUESTED
D	- TRANSPORTATION AND TWO SCHEDULING ASSISTANCES REQUESTED

MODEL EPSDT MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

D A T A E L E M E N T D E F I N I T I O N

DATA ELEMENT NAME		DATA ELEMENT NO.
DATE(S) REQUESTED/REFUSED TRANSPORTATION/ SCHEDULING ASSISTANCE FOR SCREENING		806
DEFINITION THE MONTH, DAY, AND YEAR ON WHICH THE RECIPIENT OR RESPONSIBLE PERSON REQUESTED OR REFUSED TRANSPORTATION/SCHEDULING ASSISTANCE FOR SCREENING.		
REMARKS		
CODE EXPLANATION		
CODE	MEANING	

MODEL EPSDT MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

D A T A E L E M E N T D E F I N I T I O N

DATA ELEMENT NAME

DATA ELEMENT NO.

RESPONSE CODE TO OFFER OF TRANSPORTATION/
SCHEDULING FOR DIRECT REFERRAL TO A DENTIST

807

DEFINITION

A CODE WHICH INDICATES THE RECIPIENT'S OR RESPONSIBLE PERSON'S
RESPONSE TO OFFER OF TRANSPORTATION SERVICES FOR DIRECT REFERRAL
TO A DENTIST.

REMARKS

THE CODES BELOW ARE SUGGESTED AND MAY BE EXPANDED.

CODE EXPLANATION

CODE

MEANING

Y	- YES, RECIPIENT NEEDS TRANSPORTATION SERVICES
N	- NO ASSISTANCE REQUESTED
A	- SCHEDULING ASSISTANCE REQUESTED ONCE
B	- SCHEDULING ASSISTANCE REQUESTED TWICE
C	- TRANSPORTATION AND ONE SCHEDULING ASSISTANCE REQUESTED
D	- TRANSPORTATION AND TWO SCHEDULING ASSISTANCES REQUESTED

MODEL EPSDT MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

D A T A E L E M E N T D E F I N I T I O N

DATA ELEMENT NAME

DATA ELEMENT NO.

DATE REQUESTED/REFUSED DENTAL REFERRAL

808

DEFINITION

THE MONTH, DAY, AND YEAR ON WHICH THE RECIPIENT OR RESPONSIBLE
PERSON REQUESTED OR REFUSED DIRECT REFERRAL TO A DENTIST.

REMARKS

CODE EXPLANATION

CODE

MEANING

MODEL EPSDT MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

D A T A E L E M E N T D E F I N I T I O N

DATA ELEMENT NAME		DATA ELEMENT NO.
DATE DUE FOR RESCREENING UNDER PERIODICITY SCHEDULE		809
DEFINITION		
THE MONTH, DAY, AND YEAR ON WHICH THE RECIPIENT IS DUE FOR RESCREENING UNDER THE PERIODICITY SCHEDULE.		
REMARKS		
CODE EXPLANATION		
CODE	MEANING	

MODEL EPSDT MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

D A T A E L E M E N T D E F I N I T I O N

DATA ELEMENT NAME

DATA ELEMENT NO.

DATE DUE FOR DENTAL REFERRAL UNDER
PERIODICITY SCHEDULE

810

DEFINITION

THE MONTH, DAY, AND YEAR ON WHICH A RECIPIENT IS DUE FOR DIRECT
REFERRAL TO A DENTIST UNDER THE PERIODICITY SCHEDULE.

REMARKS

CODE EXPLANATION

CODE

MEANING

MODEL EPSDT MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

D A T A E L E M E N T D E F I N I T I O N

DATA ELEMENT NAME	DATA ELEMENT NO.
OUTCOME CODE - DENTAL	811
DEFINITION	THE CODE INDICATING REFERRAL TO A DENTIST.
REMARKS	THE CODES BELOW ARE SUGGESTED AND MAY BE EXPANDED.
CODE EXPLANATION	
CODE	MEANING
A	- RECIPIENT REFUSED DENTAL REFERRAL
B	- DENTAL REFERRAL COMPLETED - CLAIM RECEIVED
C	- UNABLE TO CONTACT
D	- APPOINTMENT NOT KEPT
E	- DENTAL REFERRAL COMPLETED - SOURCE OTHER THAN CLAIM

MODEL EPSDT MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

D A T A E L E M E N T D E F I N I T I O N

DATA ELEMENT NAME

DATA ELEMENT NO.

BEGINNING DATE OF SERVICE/CLOSURE - DENTAL

812

DEFINITION

THE MONTH, DAY, AND YEAR THE RECIPIENT RECEIVED AN EPSDT DENTAL
ENCOUNTER/MONTH, DAY, AND YEAR THE CASE WAS CLOSED DUE TO FAILURE
TO OBTAIN DENTAL SERVICES.

REMARKS

CODE EXPLANATION

CODE

MEANING

MODEL EPSDT MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

D A T A E L E M E N T D E F I N I T I O N

DATA ELEMENT NAME		DATA ELEMENT NO.
SCREENING OUTCOME CODE(S)		813
DEFINITION	<p>A CODE INDICATING THE TYPE OF SCREEN (IF ANY) THAT WAS RECEIVED.</p>	
REMARKS	<p>THE CODES BELOW ARE SUGGESTED AND MAY BE EXPANDED.</p> <p>IF CODE P IS ENTERED, SEE REMARKS, DATA ELEMENT 814.</p> <p>IF CODE U IS ENTERED AND FURTHER INFORMATION RECEIVED, ADD ADDITIONAL CODES AND DATES IN DATA ELEMENT 814 AS APPROPRIATE.</p> <p>IF CODE N IS ENTERED, CASE MAY NEED FOLLOWUP BEFORE CASE IS CLOSED.</p>	
CODE EXPLANATION		
CODE	MEANING	
C	- COMPLETE SCREEN RECEIVED - CLAIM RECEIVED	
P	- PARTIAL SCREEN RECEIVED	
R	- PARTIAL SCREEN RECEIVED WHICH COMPLETES EARLIER PARTIAL SCREEN	
S	- PARTIAL SCREEN RECEIVED, ADDITIONAL SCREENING SERVICES REFUSED	
U	- SCREEN RECEIVED BUT NO INDICATION IF COMPLETE OR PARTIAL	
N	- NO SCREEN, MISSED FIRST APPOINTMENT	
O	- NO SCREEN, MISSED SECOND APPOINTMENT/CASE CLOSED	
D	- COMPLETE SCREEN RECEIVED - SOURCE OTHER THAN CLAIM	

MODEL EPSDT MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

D A T A E L E M E N T D E F I N I T I O N

DATA ELEMENT NAME

DATA ELEMENT NO.

SCREENING/CLOSURE DATE(S)

814

DEFINITION

THE MONTH, DAY, AND YEAR THE RECIPIENT RECEIVED AN EPSDT
SCREEN/THE MONTH, DAY, AND YEAR THE CASE WAS CLOSED DUE TO
FAILURE TO OBTAIN SCREEN.

REMARKS

IF THE PATIENT RECEIVED A PARTIAL SCREEN (CODE P, DATA
ELEMENT 813), ENTER THE DATE OF THE PARTIAL SCREEN. WHEN
THE RECIPIENT SUBSEQUENTLY RECEIVES THE SERVICES WHICH
COMPLETE THE SCREEN, ENTER THE DATE OF THE RECEIPT OF THOSE
SERVICES IN THIS ITEM AND CODE "R" IN DATA ELEMENT 813.

CODE EXPLANATION

CODE

MEANING

MODEL EPSDT MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

D A T A E L E M E N T D E F I N I T I O N

DATA ELEMENT NAME		DATA ELEMENT NO.
DIAGNOSIS/TREATMENT CLOSURE CODE(S)	815	
DEFINITION	<p>THE CODE INDICATING THE REASONS FOR DIAGNOSIS/TREATMENT CASE CLOSURE.</p>	
REMARKS	<p>THE CODES BELOW ARE SUGGESTED AND MAY BE EXPANDED.</p>	
CODE EXPLANATION		
CODE	MEANING	
A	- RECIPIENT REFUSED DIAGNOSIS/TREATMENT APPOINTMENT	
B	- DIAGNOSIS/TREATMENT INITIATED FOR SOME SUSPECTED CONDITIONS	
C	- NO CONTACT WITH RECIPIENT AFTER TWO ATTEMPTS	
D	- NO FOLLOWUP BY RECIPIENT AFTER TWO ATTEMPTS	
E	- DIAGNOSIS/TRATMENT INITIATED FOR ALL SUSPECTED PROBLEMS	

MODEL EPSDT MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

D A T A E L E M E N T D E F I N I T I O N

DATA ELEMENT NAME

DATA ELEMENT NO.

IDENTIFIED CONDITIONS

816

DEFINITION

A CODE WHICH IDENTIFIES THE BROAD AREA OF SUSPECTED ABNORMAL CONDITIONS THAT WERE DISCOVERED DURING A RECIPIENT EPSDT SCREENING EXAMINATION. SUSPECTED CONDITIONS REFLECT CATEGORIES OF THE QUARTERLY CHILD HEALTH STATUS REPORT.

REMARKS

CODE EXPLANATION

CODE

MEANING

00	- NO ABNORMAL FINDINGS
01	- VISION
02	- HEARING
03	- PHYSICAL GROWTH/EMOTIONAL DEVELOPMENT/LEARNING
04	- NUTRITIONAL
05	- CARDIOVASCULAR/CIRCULATORY/PULMONARY/RESPIRATORY
06	- GENITAL/URINARY TRACT
07	- HEMATOLOGIC
08	- DIABETES
09	- TUBERCULOSIS
10	- LEAD TOXICITY

MODEL EPSDT MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

D A T A E L E M E N T D E F I N I T I O N

DATA ELEMENT NAME		DATA ELEMENT NO.
IDENTIFIED CONDITIONS (CONT.)		816
DEFINITION		
REMARKS		
CODE EXPLANATION		
CODE	MEANING	
11	- INCOMPLETE IMMUNIZATION	
98	- ALL OTHERS	
99	- UNKNOWN	

MODEL EPSDT MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

D A T A E L E M E N T D E F I N I T I O N

DATA ELEMENT NAME

DATA ELEMENT NO.

REFERRAL/FOLLOWUP CODE(S)

817

DEFINITION

THE CODE WILL INDICATE THE STATUS OF THE PROBLEM ENTERED IN
DATA ELEMENT 816.

REMARKS

THIS DATA ELEMENT REPEATED FOR EACH IDENTIFIED CONDITION.

THE CODES BELOW ARE SUGGESTED AND MAY BE EXPANDED.

CODE EXPLANATION

CODE

MEANING

- | | |
|---|---|
| 0 | - NO PROBLEM SUSPECTED/CASE CLOSED |
| 1 | - PROBLEM SUSPECTED, NO FOLLOWUP NECESSARY |
| 2 | - PROBLEM SUSPECTED - DX AND RX INITIATED THIS VISIT/
SCREENING, PROVIDER WILL PROVIDE DX/RX |
| 3 | - PROBLEM SUSPECTED, REFERRED FOR DX/RX |
| 4 | - PROBLEM SUSPECTED, REFERRAL REFUSED |
| 5 | - TREATMENT NOT INITIATED - MISSED FIRST APPOINTMENT |
| 6 | - TREATMENT NOT INITIATED - MISSED SECOND APPOINTMENT |

MODEL EPSDT MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

D A T A E L E M E N T D E F I N I T I O N

DATA ELEMENT NAME

DATA ELEMENT NO.

DATE(S) OF DIAGNOSIS/TREATMENT

818

DEFINITION

THE MONTH, DAY, AND YEAR ON WHICH THE DIAGNOSIS/TREATMENT
CASE MANAGEMENT WAS CLOSED.

REMARKS

THIS DATA ELEMENT REPEATED FOR EACH IDENTIFIED CONDITION IN
SCREENING.

CODE EXPLANATION

CODE

MEANING

MODEL EPSDT MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

D A T A E L E M E N T D E F I N I T I O N

DATA ELEMENT NAME

DATA ELEMENT NO.

CONDITION MATCH CODE

819

DEFINITION

INDICATE WHETHER THE REFERRED CONDITION IDENTIFIED DURING A SCREENING IS MATCHED WITH A CLAIM.

REMARKS

THIS DATA ELEMENT REPEATED FOR EACH IDENTIFIED CONDITION.

CODE EXPLANATION

CODE

MEANING

- | | |
|---|--|
| Y | - YES, A CONDITION IDENTIFIED DURING A SCREENING IS MATCHED TO CLAIM |
| N | - NO, A CONDITION IDENTIFIED DURING A SCREENING IS NOT MATCHED TO CLAIM |
| M | - MAYBE, A CONDITION IDENTIFIED DURING A SCREENING IS NOT MATCHED TO A CLAIM, HOWEVER, INFORMATION FROM OTHER SOURCE INDICATES DIAGNOSIS/TREATMENT INITIATED |

MODEL EPSDT MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

D A T A E L E M E N T D E F I N I T I O N

DATA ELEMENT NAME		DATA ELEMENT NO.
RESPONSE TO OFFER OF TRANSPORTATION/SCHEDULING ASSISTANCE FOR DX/RX		820
<p>DEFINITION</p> <p>A CODE WHICH INDICATES THE RECIPIENT'S OR RESPONSIBLE PERSON'S RESPONSE TO OFFER OF TRANSPORTATION SERVICES TO A DIAGNOSTIC/TREATMENT APPOINTMENT.</p>		
<p>REMARKS</p> <p>THIS DATA ELEMENT REPEATED FOR EACH IDENTIFIED CONDITION REFERRED.</p> <p>THE CODES BELOW ARE SUGGESTED AND MAY BE EXPANDED.</p>		
CODE EXPLANATION		
CODE	MEANING	
Y	- YES, RECIPIENT NEEDS TRANSPORTATION SERVICES	
N	- NO, RECIPIENT DOES NOT NEED TRANSPORTATION SERVICES	
A	- SCHEDULING ASSISTANCE REQUESTED ONCE	
B	- SCHEDULING ASSISTANCE REQUESTED TWICE	
C	- TRANSPORTATION AND ONE SCHEDULING ASSISTANCE REQUESTED	
D	- TRANSPORTATION AND TWO SCHEDULING ASSISTANCES REQUESTED	

MODEL EPSDT MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

D A T A E L E M E N T D E F I N I T I O N

DATA ELEMENT NAME

DATA ELEMENT NO.

DATE(S) REQUESTED/REFUSED TRANSPORTATION/
SCHEDULING ASSISTANCE FOR DX/RX

821

DEFINITION

THE MONTH, DAY, AND YEAR ON WHICH THE RECIPIENT OR RESPONSIBLE
PERSON REQUESTED OR REFUSED TRANSPORTATION/SCHEDULING ASSISTANCE
FOR REFERRED CONDITIONS.

REMARKS

THIS DATA ELEMENT REPEATED FOR EACH IDENTIFIED CONDITION
REFERRED.

CODE EXPLANATION

CODE

MEANING

3. SAMPLE FORMATS

3. Sample Formats

Sample report format reports for use in the Reporting Module are included in this Appendix.

RECIPIENT STATUS REPORTS

NO. OF EPSDT SCREENS SCHEDULED	NO. OF SCREENS COMPLETED	TOTAL COST OF SCREENING	NO. OF DENTAL ENCOUNTERS	TOTAL COST OF DENTAL ENCOUNTERS	NO. OF TREATMENTS INITIATED	TOTAL COST OF TREATMENTS

STATUS REPORT OF RECIPIENT INFORMING

NUMBER OF ELIGIBLES	NUMBER OF ELIGIBLES INFORMED	NUMBER OF ELIGIBLES ACCEPTING PROGRAM	NUMBER OF ELIGIBLES POSTED FOR SCREEN	NUMBER OF ELIGIBLES REQUESTING SUPPORT SERVICES

RECIPIENT PARTICIPATION SUMMARY

COUNTY	EPSDT ELIGIBLES -NEW-	EPSDT ELIGIBLES DUE FOR RESCREENING	PRIVATE PROVIDERS AVAILABLE	HEALTH DEPARTMENTS (DAYS OPEN FOR SCREENING)	MISSED APPOINTMENTS

PROVIDER RESOURCE AND UTILIZATION QUARTERLY SUMMARY

COUNTY	PROVIDER NAME	ADDRESS	SPECIALTY	NUMBER OF SCREENS PERFORMED COMPLETED/INCOMPLETED	COST	SCREENING COMPONENT WHICH REQUIRED TREATMENT	TREATMENTS INITIATED	COST OF TREATMENT

TREATMENT FOLLOWUP REPORT

COUNTY	NAME	NUMBER OF ELIGIBLES	NUMBER OF SCREENS PERFORMED	NUMBER REFERRED FOR TREATMENT	NUMBER OF TREATMENTS INITIATED	NUMBER OF TREATMENTS NOT INITIATED*

*Recipient for which treatment was not initiated, the following information is required:
 Recipient's Name
 Recipient's Address
 Days Lapsed Since Screening
 Phone Number

SUPPORT SERVICE REPORT AND COST ANALYSIS

COUNTY			
TYPE OF SUPPORT SERVICE REQUESTED	TOTAL NUMBER REQUESTED	TOTAL COST OF SUPPORT SERVICE	
<u>TRANSPORTATION</u>		<u>TRANSPORTATION</u>	
<u>OTHER</u>		<u>OTHER</u>	

4. GLOSSARY OF EPSDT TERMS

4. Glossary of EPSDT Terms

Declination of EPSDT Services--To an offer of EPSDT services, a nonresponse, an undecided response, or a written or verbal statement that EPSDT services are not desired. For a participating family, an oral or written statement that the family no longer wishes to participate in the EPSDT program. (A declination of support services or the failure to respond to specific EPSDT service scheduling or referral does not constitute, in itself, a declination of EPSDT services by a participating family.)

Dental Encounter--A visit to a dentist or a professional under the supervision of a dentist for diagnosis and/or treatment.

Eligibility Certification/Determination Date--The date an authorized agency employee or official formally approves the application for assistance or otherwise certifies the case eligible to receive cash assistance. The eligibility determination date is not the date of the application or the effective date of eligibility (which may be prospective or retrospective from the date of eligibility determination).

EPSDT Services--Screening, diagnosis, and treatment services provided.

Family--An assistance unit receiving cash assistance under Title IV-A of the Act (AFDC) including children for whom Federal payments for AFDC foster care are made. For AFDC foster care, family is interpreted to mean the facility, foster care home, or institution receiving AFDC cash assistance on behalf of the child.

Good Faith Effort--Permissible State practice may establish guidelines for attempting to locate a family when the family's whereabouts are unknown. Where guidelines are not established, a good faith effort is at least one followup attempt to locate the family by telephone, mail, or in-person contact, and a close-out letter.

Initial Informing--Written and face-to-face oral information (as specified in 441.75(d)) about the availability of EPSDT services provided newly eligible families no later than 60 days after the eligibility determination date.

Initiation of Treatment--The first encounter for treatment; i.e., the initial receipt of medical services for each condition identified during screening as needing treatment and/or further diagnosis or a medical determination that treatment is contraindicated.

Lost Eligibility--When no member of the family continues to receive AFDC cash assistance. The date the family lost eligibility is the "effective date of the action"; i.e., the first day for which the family fails to receive AFDC cash assistance (usually the first day of a payment period).

Participating Family--A family in which at least one member has received EPSDT services or is being tracked under the State's periodicity schedule during its current period of eligibility and has not declined future EPSDT services. A family that requests EPSDT services does not become participating until some EPSDT services have actually been received.

Periodic Rescreening--Required screening services based upon the State's periodicity schedule.

Periodicity Schedule--A schedule of when specific screening services applicable at each stage of a recipient's life (up to age 21) are to be delivered.

Potentially Penalty Liable (PPL) Case--Sample cases in which the State failed without good cause to:

- a. Provide initial informing within 60 days to newly eligible families
- b. Provide annual informing to nonparticipating families, or
- c. Provide EPSDT services within 120 days from the date services were requested or the date rescreening was due.

Provider--A private physician, dentist, or medical and/or dental facility authorized by the State agency to provide EPSDT services; i.e., screening, diagnosis, and/or treatment.

Provider Agreement--An agreement entered into between a provider and the State agency that contains their mutual responsibilities under the EPSDT program including the required screening services to be provided.

Provider Certification--A signed and dated statement by the provider that all screening services mandated by the State agency/provider agreement were provided or medically contraindicated.

Recipient Identification Number--The number used to uniquely identify a specific recipient in the Medicaid system.

Recipient Name--The name of person eligible for EPSDT services.

Request for EPSDT Services--A positive oral or written statement from a family that EPSDT services are desired.

Screening Claim--A unique form used by all providers of EPSDT services to submit for reimbursement.

State Plan--The simplified State plan (preprint) for Title XIX that has been approved by the regional office.

Support Services--Assistance provided by the agency in obtaining requested transportation and/or in scheduling appointments to receive EPSDT services.

II. IMPLEMENTATION PLAN

A. INTRODUCTION

The purpose of this implementation plan is to provide guidelines for the installation of an EPSDT subsystem. It is understood that circumstances in each state will warrant modifications to this guide (e.g., single fiscal agent vs. multiple fiscal agents vs. state operated MMIS; county operational control vs. state control; degree of local autonomy, etc.). Options for implementation will be noted, where feasible, and a state can choose alternatives appropriate to its environment.

B. SYSTEM DEVELOPMENT OVERVIEW

To facilitate the development and implementation process, the system has been subdivided into four modules. These are:

- . Case Identification Module
- . Case Management Module
- . Case Matching Module
- . Reporting Module

1. Option 1: Functional Implementation

While the four modules are all necessary if the system is to realize all the proposed objectives, each module is independent and can be developed separately. This structure lends itself to a phased approach to its implementation. A phased approach is desirable since it promotes the use of well-defined milestones of accomplishments and dates for the proper control of the implementation process.

It is recommended that the implementation be phased by function rather than by specific module. These functions and their subfunctions are:

- . Establish EPSDT recipient data base
 - create the interface from the Recipient Subsystem
 - create the client identification logic
 - create the physical Data Base
 - produce the turnaround document for use by the local units

- . Process claims for screening services
 - accept and process the adjudicated screening claim form
 - update the data base with screen outcome information
- . Create treatment claim interface
 - create the actual interface and data extraction mechanism
 - create the case matching logic
 - accept and process claims for treatment services from the claims processing subsystem
 - update the data base with treatment information
- . Process local unit (case worker) transactions
 - accept and process turnaround document transactions initiated by local case workers
 - update the data base with local unit initiated actions

Transforming these functions into implementation phases, the relationships to the identified subsystems would be:

Phase I - Establish EPSDT recipient data base

- . Case Identification Module
 - establish the Medicaid Recipient subsystem interface
 - implement the extract program
 - implement the update Status File program
 - load the Status File
- . Reporting Module
 - implement a report processing driver program
 - create report modules for those reports associated with client identification (e.g., list of new eligibles, turnaround document)

Phase II - Process screening claims

. Case Management Module

- implement the basic case management update history file program to process adjudicated screening claims for clients on the data base
- create the initial EPSDT History File
- implement the case management processing program
- update the Status File with screening claim information

. Reporting Module

- create report modules for those reports associated with screens (e.g., identified referable conditions)

Phase III - Create treatment claim interfaces

. Case Matching Module

- establish the interfaces with the claims processing subsystem
- implement the extract program
- implement the case matching update History File program
- implement the case matching update Status File program

. Reporting Module

- create report modules for those reports associated with treatment information (e.g., treatment initiated for each condition)

Phase IV - Implement local unit transactions

. Case Management Module

- implement the program to accept and process the incoming local unit transactions
- enhance the case management processing program to update the Status File with local unit transaction data

. Reporting Module

- create report modules for those reports which reflect case worker actions (e.g., follow-up activities)

It should be noted that Phases II, III and IV as defined above may be implemented in another order, depending on the local environment. If more local level input is to be relied on, a state may wish to bring Phase IV up before Phases II and III. Another consideration is the ability of the claims processing subsystem to identify EPSDT-related treatment: if this is more difficult to do, Phase III should probably be implemented last.

2. Option 2 - Location Implementation

For states with more local control, it might be more feasible to implement the whole system (all modules) by site. This would involve bringing up a site (county or region) at a time with all functions operational immediately.

This option lends itself to bringing more densely populated areas into the system more rapidly to ease local caseload burdens in those areas.

3. Option 3 - Function/Location Implementation

This option would have the advantages of the above two options (i.e., functional implementation by site) but would probably increase implementation time frames beyond acceptable limits. However, in some environments, this may be the best approach.

C. IMPLEMENTATION SCHEDULE AND COST

1. Assumptions and Constraints

- . the recipient eligibility file can associate an individual to the case head
- . the eligibility file (or some other easily accessible file) has the client response to EPSDT services documented
- . EPSDT screen claims and EPSDT-related treatment claims are readily identifiable and processed to adjudication by an automated system

- . claims for EPSDT eligibles can be easily extracted from the claims transaction file
- . multiple fiscal agent interfaces are not required
- . the system will be designed, developed and implemented with current resources (i.e., current state personnel and/or current fiscal agent personnel)
- . a requirements definition, feasibility study, cost/benefit analysis and State specific general design document have been completed.

2. Schedule

All figures assume programmer/analyst time and do not include local EDP personnel or program/policy personnel.

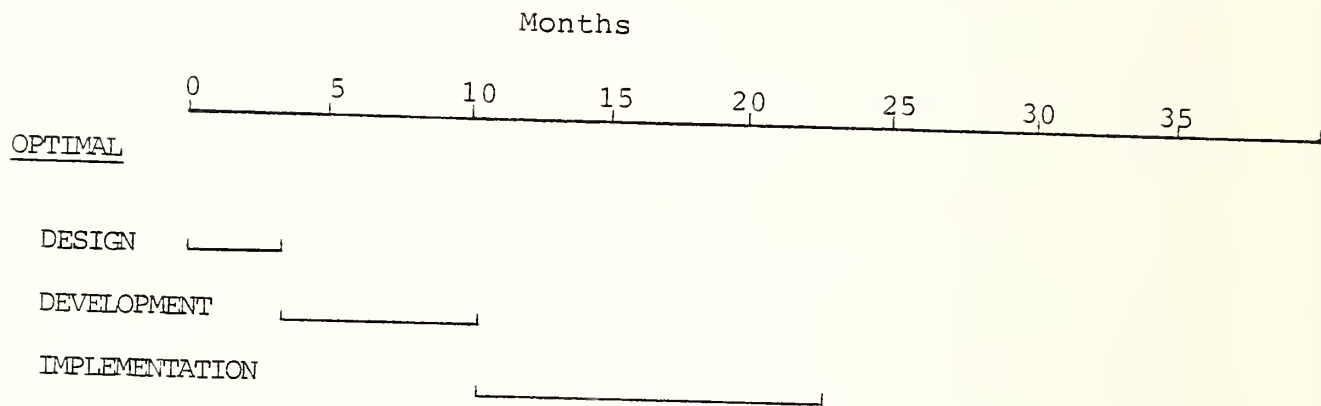
a. Design

The detail design for a straight-forward EPSDT subsystem should take 3-5 months with 2-3 full time equivalent programmer analysts. To ensure the system meets user requirements and is acceptable to them, there should be extensive user involvement in the detail design of the system.

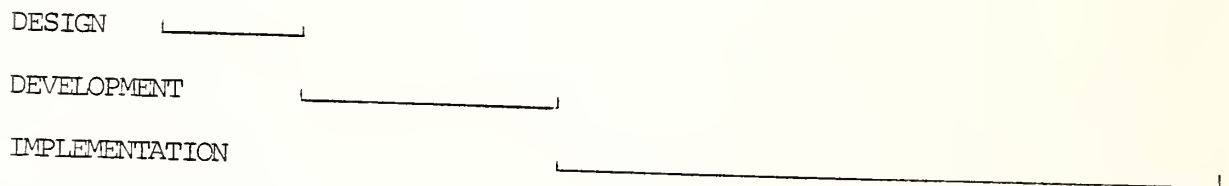
b. Development

The development effort, which includes coding, unit testing and system testing, should extend approximately 7-9 months for 2-3 full time equivalent programmer analysts. Program/policy personnel, and, depending on the extent of changes to county EDP environments, local EDP personnel should be available for consultation during this phase.

IMPLEMENTATION SCHEDULE



WORST



c. Implementation

An implementation schedule is difficult to ascertain because implementation is so dependent on the environment in which implementation is to take place (i.e., which implementation option is chosen). Implementation must include an acceptance test by the State to evaluate all features of the system. Depending on the extent of on-line support, if any, and the extent of changes to local data processing environments, local EDP personnel involvement may be quite extensive. Implementation will most likely fall in the range of 12-24 months with 3-4 full time equivalent programmer/analysts required.

It is understood that these schedules are both oversimplified and assume optimum conditions. Even so, the minimum amount of time for design, development and implementation (DDI) of a system similar to the GSD described in Section I of this document is 22 months. The worst case (using the high end of the range) still assumes some pretty tight environmental controls and is estimated at 38 months. The most reasonable estimate for total DDI is somewhere in between--about 30 months.

3. Cost

The cost associated with the EPSDT system can not be estimated fully until a complete study has been made of the proposed operating environment (a State-specific feasibility study and cost/benefit analysis). Even estimating programmer/analyst costs is difficult because it depends on whether the personnel are state, fiscal agent or consultant, or a combination.

A best estimate for only programmer/analyst costs in 1982 is about \$250,000 - \$500,000. This amount does not include any local EDP personnel, policy/program personnel, travel expenses, equipment (e.g., new disc packs, CRT's for inquiry/update, telecommunications network, etc.). These requirements can vary so widely from state to state that no estimate can be attempted.

Monthly operation expenses for an EPSDT system may vary from approximately \$5000 to \$13,000 depending on the degree of on-line support, if any.

II. TRAINING GUIDE OUTLINE

A. Introduction

The Training Guide Outline as presented here should be considered just that--an outline of what should be covered during training sessions on the use of the system. A training guide for any particular state cannot be fully developed until the detail design of the system is completed. Then, while the system is being developed, the training guide and user manual can be prepared so training can begin in a timely manner. Additional considerations regarding training are the issues of the EPSDT program organization and the ultimate user(s) of the system, and when training should actually occur.

1. Organization and Users

State level EPSDT program managers will need training on the system to understand management reports and to know what system interaction is required of them, if any.

For states which are regionally organized, the regional offices must be trained in their role relative to the system. Then, depending on the program, county workers may have to be trained in their role vis-a-vis the system.

In states without regional coordinators, the counties are the only ones who should potentially need training.

For county training, each county can be trained individually, or, if this task is too massive, regional training sessions should be held.

2. Timeliness

A major factor in training, especially for phased implementations, is when training should be held. If the system is brought up by phases, the training can be done by phases also, or at one time in the initial phase. This factor is really at the state's discretion.

3. Cost

The cost of training is heavily dependent on who will do the training, who will be trained, how many training sessions will be required, where the training will be done, and the amount, type and quality of the training materials. Training can sharply increase the cost of system implementation.

B. Trainer Orientation

This initial training is for the personnel who will be doing the training for the State, Regional and/or County staff.

1. Personnel

- a. Trainers - System Development Team
- b. Trainees - subsequent training staff (this staff could be State level staff development personnel, EPSDT training/coordinating personnel (if such exist), contractor training staff, etc.)

2. Agenda

- a. Overview of EPSDT System
 - . Why this system is being implemented
 - . Benefits to state and local staff
 - . Application review
 - . User-oriented technical review
- b. Explanation of how implementation will work
- c. System Features
 - 1) Input document
 - a) Examples
 - b) Field by field explanation for completion of document.
 - 2) Output document
 - a) Examples
 - b) Explanation of use

3) Reports

- a) Examples of all types
- b) Distribution
- c) Explanation of all data on reports and intended use of each report

4) How to get the most out of the system

d. Anticipated Problems

3. Materials

- a. User Manual
- b. System Test Output
- c. Overhead and/or oversize graphic of all forms, input documents, etc.

4. Time

- a. One 1-2 day session.
- b. Should be conducted towards the end of system development, allowing enough time for subsequent user training before implementation begins.

C. User Orientation

Depending on the State environment, this user training may include any or all of the following groups: State EPSDT managers, Regional EPSDT coordinators, county EPSDT workers and/or intake staff.

1. Personnel

- a. Trainers - those trained by the System Development Team.
- b. Trainees - any users of the system: State, Regional and/or County.

2. Agenda

a. Overview of EPSDT System

- . Why the system is being implemented
- . Benefits to state and local staff

b. Explanation of Implementation Plan

c. System Details

1) Impact on county

2) Impact on state

3) Input documents

a) Examples

b) Field by field explanation for completion

4) Output documents

a) Examples

b) Explanation of fields and use

c) Procedures involved in distribution

5) Reports

a) Examples

b) Distribution

c) Intended use

3. Materials

a. User Manual

b. Test Output

c. Overheads and/or oversize graphics of all forms, reports etc.

4. Time

- a. 2-3 day sessions
- b. Should be conducted within 1-2 months before implementation at any particular site.

It must be stated again that variables for each state can affect any training plan. Depending on the implementation approach (phased by function, phased by site, phased by function within site, etc.) training may be repeated in several locations for the various phases. Although a county-by-county intensive training is most desirable, regional training sites for groups of counties are probably the most practical.

D. Provider Training

There should be a separate training plan developed for providers of EPSDT services. This training should emphasize the proper completion of screening and treatment forms, referrals for treatment, and the uses of the data supplied by the providers. Provider understanding and support of the EPSDT process and the EPSDT system is vital for the success of the program.

V. USER MANUAL OUTLINE

A. Introduction

A user manual cannot be developed until the system has been designed and all forms, screens and interfaces have been developed. The user manual should be written so that the non-technical worker can understand what the system does, how it does it and what his part is in relation to the system.

The EPSDT User Manual is a dynamic document which should be updated whenever changes or enhancements will affect user interface. The manual is intended for use by all state, regional and/or county personnel interacting with the EPSDT system. It should serve as a reference guide for forms completion, CRT screen use, report interpretation, and to answer basic question about the system as a whole. Any forms, documents or screens requiring completion by staff should have examples of how to complete the document, including specification as to field justification, appropriate codes, etc.

It must be understood that what follows is just a bare outline of what should be included in an EPSDT User Manual.

B. EPSDT Case Management

1. What it is
2. Purpose
3. Objectives
4. Relationship to MMIS
5. Functions
6. Benefits
 - a. To worker
 - b. To county
 - c. To state

- 7. Systems Flow
 - a. Description of modules
 - b. Flow charts
- C. Summary of Intake/Informing Process
 - 1. How EPSDT Informing/Documenting is Done
 - 2. Data Relevant to Case Management
 - a. EPSDT response code
 - b. Recipient request for support services
 - c. Recipient telephone number
 - 3. How Data Is Input to the Recipient Eligibility File
 - 4. EPSDT Master File as an extract of the Recipient Eligibility File
- D. Documenting Screening Activities
 - 1. Documentation Required by Regulation
 - a. Data for manual files
 - b. Data to be input to data base
 - 1) Automatically - from processing of screen claim
 - 2) Manually - from unit activities
 - a) Pre-claim form data
 - b) Override of system values
 - 2. Example of Input Document/CRT Screen
 - 3. Explanation of Fields on Document/Screen
 - a. How to Complete
 - b. Values Required

E. Documenting Follow-Up Activities

1. Documentation Required by Regulation
 - a. Data for manual files
 - b. Data to be input to data base
 - 1) Automatically - from screen/treatment matches from claims processing files
 - 2) Manually - from unit activities
 - a) Pre-automated treatment data
 - b) Override of system values
2. Example of Input Document/CRT Screen
3. Explanation of Fields on Document/Screen
 - 1) How to Complete
 - 2) Values Required

F. Case Management Reports

1. County Reports

For each report:

 - a. Source of Information/Module Generating Report
 - b. Frequency of Report
 - c. Example of Report
 - d. Explanation of Fields
 - e. Intended Use
2. State Reports

For each report:

 - a. Source of Information/Module Generating Report
 - b. Frequency of Report

- c. Example of Report
- d. Explanation of Fields
- e. Intended Use

3. Federal Reports

For each report:

- a. Source of Information/Module Generating Report
- b. Frequency of Report
- c. Example of Report

G. Other Reports and Processes

For each additional report and/or process (e.g., periodic notification letter(s), annual notification letter(s), system updates to the data base, etc.) a full explanation should be given as to

- . How it is done
- . Why it is done
- . Any interaction required
- . Examples and explanations of any reports produced as a result of the action.

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